

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Appellate Case No. 2017-002522
Case No. 2010-CP-5743

RECEIVED
OCT 18 2018
SC Court of Appeals

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and
Upstate Lung & Critical Care Specialists, PC,

Appellants,

v.

Ray E. "Chuck" Thompson, and Charles M. Fogarty, MD,

Respondents.

**RECORD ON APPEAL
VOLUME XIV**

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Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Tue, Jul 12, 2005 10:31 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

RECEIVED JUL 17 2005 of 1

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 059985

Casey, William M. [REDACTED]/1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems—he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory—if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

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THOMPSON 059988

5945

01/31/2008

Casey, William M. ■■■■■■

1 of 1

Office/Outpatient Visit

Visit Date: Tue, Jan 31, 2006 11:34 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

Electronically signed by provider on 01/31/2008 Printed on 01/31/2008 at 11:38 am.

SUBJECTIVE:

HPI:

"I think this combination is working well." Overall, depression and anxiety are better. Pt. pleased. No s.i. No medication s.e.

OBJECTIVE:

Exam:

Affect is bright and fully relaxed. No s.i. Sensorium is clear.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Mirtazapine 45 mg one qhs.

Cont. Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one qhs.

Ret. in 3 mos.

cc: Joseph Grace PhD

Major depression, single episode, moderate

Orders:

90882 Pharmacologic management with no more than minimal medical psychotherapy

000508

THOMPSON 059989

Health Summary

1 of 1

Piedmont Psychiatric Services

2094 Woodruff Road

Greenville, SC 29607

Phone: (864)676-9211 Fax: (864)676-9432

Patient: Casey, William M.

Date: 8/16/2005

Current Problems

Major depression, single episode, moderate

Current Medications

Adderall XR 20mg Capsules, Extended Release two qam

Ambien 10mg Tablet 1-2 qhs prn

Cymbalta* 60 mg two qam

Lipitor

Lortab prn

Bextra

Allergies / Adverse Reactions

NKDA

Past Medical History

Past Medical History:

Bulging disk, back pain

Chest pain with exertion

Family History:

Denies.

Legal History:

Force is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Current counseling with Jay Grace, PhD.

Past meds: Zoloft, Ambien Concerta Adderall XR

000507

8646769432

PIEDMONT PSYCHIATRIC

THOMPSON 059990

5947

Casey, William M. [REDACTED]/1958
Office/Outpatient Visit
Visit Date: Tue, Jul 12, 2005 10:31 am
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. pm insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

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000506

8646769432 PIEDMONT PSYCHIATRY

THOMPSON 059991

5948

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

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PIEDMONT PSYCHIATRY

THOMPSON 059992

5949

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:31 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

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THOMPSON 059993

THOMPSON 059993

5950

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Wed, Dec 15, 2004 10:14 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

Over the past 10 days, he is feeling better with more motivation and interest. No medication s.e. now--had some early nausea. Sleep is good on 20 mg Ambien.

OBJECTIVE:

Exams:

Affect is less constricted.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg one qam and give it more time to work.

Cont. Ambien 10 mg two qhs prn insomnia. He does not take this every night.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

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000501

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8646/69432

PIEDMONT PSYCHIATRY

THOMPSON 059994

5951

Casey, William M. [REDACTED]/1958
 Office/Outpatient Visit
 Visit Date: Wed, Nov 10, 2004 04:38 pm
 Provider: Al Bennett, LPC, LPC
 Location: Piedmont Psychiatric Services

1 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

SUBJECTIVE:

CC:

Mr. Casey is a 46 yo male referred to Jeffery Smith, MD by his psychologist, Jay Grace, Ph.D. for treatment of depression and anxiety.

HPI:

Mr. Casey reports that during spring 2004, he began to experience episodes of chest pain when at work. Over a period of days or weeks, his worry about the pain grew. Eventually in May 2004, at the encouragement of a co-worker, he reported his symptoms to the company RN. He was then transported to the ER and underwent a series of tests. He states that as a result of an incorrect diagnosis, he underwent unnecessary invasive procedures, and suffered severe complications which required care in the ICU for several days. Has been out of work since this incident and worries greatly about his job security. He asserts he is suspicious and distrustful of individuals in his workplace and of healthcare providers given recent events and given the current environment. He plans to litigate.

Additionally, Mr Casey notes he has been very stressed by family concerns. He states that his kids (18 and 21 yo) have broken his heart, and he feels himself to be a failure over this. He feels they are estranged. His divorce is pending. He states he has adjusted to his marital separation two years ago, citing it was a mutual decision and both had affairs before separating. He experienced significant financial distress following marital separation, and he reported on his intake sheet that he is currently having financial stress.

Symptomatically, Mr. Casey has been suffering with constant worry, rumination and negative thinking. He states that until recent, he had been considered an optimistic person. He states he feels like a failure. He reports sleep disturbance (WFA, MNA), loss of energy, loss of motivation, anhedonia, decreased libido, difficulty concentrating, and hopeless thoughts. He denies suicidal ideation. He denies previous episodes of depression or anxiety.

Mania is not present and nor is there clear history of hypomania. He denies history of manic/hypomanic episodes although he mildly endorsed some possible symptoms such as racing thoughts, although interview finds these appear better described as worry and rumination. There is no grandiosity. He acknowledges periods of agitation but he states these have only occurred in response to the significant stressors over recent months. He states his only significant period of excessive spending occurred immediately after his divorce. He notes that currently he may overspend at electronic stores, but he has otherwise been restrained with his spending.

Past Medical History / Family History / Social History:

Past Medical History:

Sliding disk, back pain
 Chest pain with exertion

Family History:

Denies.

Social History:

Divorce is pending. Separated 2 years. Two children, ages 18, 21. Has worked production job with Michelin for over 20 years. Reports financial problems.

Tobacco/Alcohol/Supplements:

12 pack beer/month.

Substance Abuse History:

Denies.

Mental Health History:

Int counseling with Jay Grace, PhD.

000500

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THOMPSON 059995

5952

Casey, William M. [REDACTED] 1958
 Office/Outpatient Visit
 Visit Date: Wed, Nov 10, 2004 04:38 pm
 Provider: Al Bennett, LPC, LPC
 Location: Piedmont Psychiatric Services

2 of 2

This note has not been signed and may be incomplete. Printed on 11/14/2004 at 5:05 pm.

Current Medications:

Zoloft 150mg qd past 6 weeks.
 Ambien pm

OBJECTIVE:

Exams:

Mental Status Examination: Mark appeared well nourished and of average weight. Motor activity was normal in quality and quantity. Grooming and hygiene were excellent and appropriate for age and situation. Eye contact was good with no unusual avoidance or scanning. Attitude toward the examiner was guarded with generally uncomfortable during the interview. His mood was predominantly depressed. His affect was fair but neither notably happy nor sad. Thought process demonstrated age appropriate rational and logical thinking. He showed no evidence of loose association, flight of ideas, racing thoughts, tangential thoughts, or circumstantial thought process. There was no neologisms, clanging, punning or thought blocking. He reported no abnormalities of thought content including no obsessions, compulsions, hallucinations, delusions, suicidal ideations and homicidal ideations. He reported moderate anxiety around hospitals. The patient was oriented to person, place, time and circumstances. Concentration and attention were fair but with some difficulty maintaining focus on tasks and conversation. Memory is intact for recent and remote events. Fund of knowledge was average for age. Intelligence appeared to be average based on vocabulary and other information obtained from the interview. Insight into illness and need for treatment was fair for age and intelligence level. Judgement for social and other situations was average for age and intelligence level. Level of impulsivity appeared to be average based on behavior during the interview and historical information.

ASSESSMENT:

296.22 Major depression, single episode, moderate
 DDx:
 R/O Anxiety disorder, (GAD, Adjustment disorder with anxiety, PTSD)

AXIS II: No diagnosis.
 AXIS III: See PMH and HPI above.
 AXIS IV: Family, employment, health.
 AXIS V: Current GAF 50-55.

PLAN:

Psychiatric evaluation with Dr. Jeffery Smith today.
 Continue counseling with Dr. Jay Grace.

Major depression, single episode, moderate

Orders:

90861 Psychiatric diagnostic interview examination - Therapist

cc: Jay Grace, Ph.D.

000499

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THOMPSON 059996

5953

Casey, William M. [REDACTED] 1958
Office/Outpatient Visit
Visit Date: Wed, Nov 10, 2004 05:16 pm
Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)
Location: Piedmont Psychiatric Services

1 of 1

This note has not been signed and may be incomplete. Printed on 08/16/2005 at 10:32 am.

SUBJECTIVE:

HPI:

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 150 mg qd and Ambien 10 mg one qhs prn insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:

Exams:

Affect is irritable. No s.i. or h.i. Judgement and insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloft.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs prn insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

000498

CTT is a registered trademark of the American Medical Association.

OT

20460/0400

PIEDMONT PSYCHIATRIC

11:28 PM 08-16-05

THOMPSON 059997

5954

Thomason & FrenchGeorge H. Thomason
Robert S. FrenchATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA

**This is a request for review to see if the case can be paid on the record
or, alternatively, for prehearing conference scheduling in September**

July 7, 2006

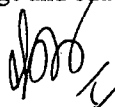
Mr. Tom Roberts, Office Director
Office of Disability Adjudication & Review
300 University Ridge, Suite 200
Greenville, S. C. 29601-9959

Subject: WILLIAM M. CASEY

Woodruff, S. C. 29388
SSN [REDACTED]

Dear Mr. Roberts:

We requested a hearing for William Casey on 11-17-05. We have received updated information from Dr. Joseph Grace, psychologist, consisting of an attending physician statement for Aetna Insurance. Dr. Grace indicated the claimant would be incapable of benefitting from Vocational Rehabilitation services. He also indicated that the claimant would "prefer to be working but he is incapable of gainful employment." Dr. Grace is a treating source. An excellent June 17, 2005 report from Dr. Joseph Grace was previously provided to Social Security and is again submitted for ease of reference. The reconsideration decision correctly concluded that the claimant suffered from physical and mental impairments that would not allow him to do any of his past work activity. We offered a comprehensive report from a psychiatrist, Dr. Jeffrey Smith, in September 2005 confirming a degree of impairment that would meet or equal the listings under 12.00 *et seq.* Dr. Smith's information has been resubmitted for ease of reference. The claimant is a younger individual. He is alleging disability from May 28, 2004. A no work affidavit was submitted in November 2005. The claimant was last employed at Michelin Tire. The state agency used medium grid rule 203.29 to conclude that the claimant was not disabled. Most importantly, the use of rule 203.29 concludes that the claimant's past relevant work was skilled or semi-skilled but skills are not transferable. There seems to be no evidence from examining physicians to support a conclusion that the claimant could perform medium, light, or sedentary work for 8 hours a day/5 days a week. Age and education are not especially limiting.



THOMPSON 059998

This case appears to be a claim that could be screened for on the record payment or, alternatively, could be scheduled for a *prehearing conference* in September. Thank you for considering this request.

With kindest regards, I am

Very truly yours,



George H. Thomason
GHT/gl

Enclosures: Dr. Joseph Grace 6-17-05 report; Dr. Glace/Aetna statement;
Dr. Jeffrey Smith interrogatories

cc: William M. Casey

THOMPSON 059999

EDCS ROUTING FORM

CLIENT SSN: [REDACTED] CLIENT: William Mark Casey
N/H SSN(S): [REDACTED] DIB EDCS CLAIM NUMBER(S): 11007705
EDCS FOLDER NUMBER: 5153387 EDCS CASE NUMBER: 7931801
KEYED EDCS FORMS: SSA-3441 SSA-3367
CASE LEVEL: Reconsideration

ROUTING:

DATE: 9/8/2005

FROM: SPARTANBURG SC FO/1 584
SOCIAL SECURITY
140 MAGNOLIA ST
SPARTANBURG, SC 29306-9960
TO: DDS GREENVILLE SC DDS S87
P.O. BOX 3090
GREENVILLE, SC 29602

DOCUMENTS IN ELECTRONIC FOLDER:

DDS Disability Worksheet (WRKSHT)
Medical Evaluation (416)
Psychiatric Review Technique (2506)
Mental RFC Assessment (4734SUP)
Disability Determination Transmittal (831)
Copy of Evidence Request (CPYEVREQ)
T2 Notice of Disapproved Claim (L443)
Vocational Consultant's Comments (VOC)
Physical RFC Assessment (4734)
Personal Decision Notice (PDN)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)
Medical Evidence of Record (MER)

<http://edcs.ba.ssa.gov/disabilityedcs/ServletUtilTransfer>

9/8/05

THOMPSON 060000

CLAIM#: E54200
 RCPT DATE: 09/15/05
 TYPE: DIB
 CLMNT: [REDACTED] CASEY, WILLIAM
 W/E:
 BIC: DB: [REDACTED]/1958 AGE: 46 SEX: M EDUC:13
 STOP WORK DATE: 05/28/04 CDB ATTAIN DATE: [REDACTED]
 3PTY: PD:
 DLI: AOD: 05/28/04 SLC: 7 DMA CASE
 BODY SYS: 01 MUSCULOSKELETAL DO: 584 DO SPARTANBURG (864)573-7807
 CTRL DT: PP END DT:
 MED HOLD:
 RECON----- PREV REVIEW PHYSICIAN PREV CE CONSULTANT
 IN DENIAL DR PRICE
 07/18/05 DR EL IBIARY

ALLEGATIONS: Lung/breathing probs, low back pain, depression, panic attacks

REMARKS: ATTY THOMASON
 FINAL COPY 102805 TRS

DEVELOPMENT PROFILE		Date & Method of Request (T-Telephone;F-Field;M-Mail)			
SOURCE	REQ	LTR#	FU	FU	RECVD
DR J. GRACE	092105	L2	101105	101905	
NOT RCVD			(M)	(M)	
DR J. SMITH	092105	L2			092905
DR F. GONDA	092105	L2			092705
					see nolt for payment
LEGAL REPRESENTATIVE	092105	L22			092605
DR F. GONDA	092805	NOLT			092805
DE SSA 3373	100305	0075			100305
					FUNCTION REPORT ADULT
FOOTHILLS FAMILY MED	102105	NOLT			102105

CE TYP	SRCE TEL# & NAME	REQ	EXAM	REMINDER	KEPT	FU	FU	RECVD

THOMPSON 060001

CLAIM#: E54200
 RCPT DATE: 09/15/05
 TYPE: DIB LEV: RC
 CLMNT: ██████████ CASEY, WILLIAM
 W/E:

DEVELOPMENT SUMMARY
 WORKSHEET
 (INITIAL/RECON)

ADJ: 461 UNIT: 01
 DePetriss, Aimee F

SEVERITY OF IMPAIRMENT RATING (REVIEW PHYSICIAN):

SEVERITY AT A.O.D. - RATING _____ RFC _____ INIT _____
 SEVERITY AT LATER DATE - DATE _____ RATING _____ RFC _____ INIT _____
 (IF APPLICABLE)

ONSET CURRENT RATING RFC RATING INIT DATE
 (IN 12 MOS)

() 0. DURATION DENIAL _____

ONSET RFC INIT DATE

() 1. NO IMPAIR _____

() 2. NOT SEVERE _____

() 3. MOD IMPAIR _____

() 4. MOD SEVERE _____

() 5. MEETS LIST _____

() 6. EQUALS LIST _____

() 7. M/E INSUFF _____

() DWB CASE DOES
 NOT MEET OR
 EQUAL LIST _____

REMARKS:

DETERMINATION: ALLOWED _____ LISTING _____ REEXAM DATE _____
 (init & date)
 DENIED _____ GRID RULE # _____
 (init & date)
 NO DETERM _____ REASON _____
 (init & date)
 () CAPABLE () INCAPABLE () UNRESOLVED VR REFERRAL: () YES () NO

FORMAL SUPERVISORY AUDIT:

() SCA () CAI

(Signature)

(Date)

COMMENTS:

MATERIAL NOT RETAINED (note source & reason):

DEVELOPMENT DECISIONS REQUIRING EXPLANATION (per POMS DI 20503.001C.1):

THOMPSON 060002

CLAIM#: E54200
RCPT DATE: 09/15/05
TYPE: DIB LEV: RC
CLMNT: [REDACTED] CASEY, WILLIAM
W/E:

DEVELOPMENT SUMMARY
WORKSHEET
(INITIAL/RECON)

ADJ: 461 UNIT: 01
DePetriss, Aimee F

NARRATIVE

Date: 10/28/05
5002

Submitted by: AFD

THOMPSON 060003

MENTAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

NAME

WILLIAM MARK CASEY

SOCIAL SECURITY NUMBER

CATEGORIES (From 1C of the PRTF)

12.04

12.06

ASSESSMENT IS FOR:

☒ Current Evaluation☐ 12 Months After Onset:☐ Date Last

Insured: _____

(Date)

(Date)

☐ Other: _____

(Date)

to _____

(Date)

I. SUMMARY CONCLUSIONS

This section is for recording summary conclusions derived from the evidence in file. Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis. Detailed explanation of the degree of limitation for each category (A through D), as well as any other assessment information you deem appropriate, is to be recorded in Section III (Functional Capacity Assessment).

If rating category 5 is checked for any of the following items, you **MUST** specify in Section II the evidence that is needed to make the assessment. If you conclude that the record is so inadequately documented that no accurate functional capacity assessment can be made, indicate in Section II what development is necessary, but **DO NOT COMPLETE SECTION III.**

	Not Significantly Limited	Moderately Limited	Markedly Limited	No Evidence of Limitation in this Category	Not Ratable on Available Evidence
A. UNDERSTANDING AND MEMORY					
1. The ability to remember locations and work-like procedures.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
2. The ability to understand and remember very short and simple instructions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
3. The ability to understand and remember detailed instructions.	1. ☐	2. ☒	3. ☐	4. ☐	5. ☐
B. SUSTAINED CONCENTRATION AND PERSISTENCE					
4. The ability to carry out very short and simple instructions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
5. The ability to carry out detailed instructions.	1. ☐	2. ☒	3. ☐	4. ☐	5. ☐
6. The ability to maintain attention and concentration for extended periods.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	1. ☐	2. ☒	3. ☐	4. ☐	5. ☐
8. The ability to sustain an ordinary routine without special supervision.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
9. The ability to work in coordination with or proximity to others without being distracted by them.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
10. The ability to make simple work-related decisions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐

THOMPSON 060004

	Not Significantly Limited	Moderately Limited	Markedly Limited	No Evidence of Limitation in this Category	Not Ratable on Available Evidence
Continued — <u>SUSTAINED CONCENTRATION AND PERSISTENCE</u>					
11. The ability to complete a normal work-day and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
C. <u>SOCIAL INTERACTION</u>					
12. The ability to interact appropriately with the general public.	1. ☐	2. ☒	3. ☐	4. ☐	5. ☐
13. The ability to ask simple questions or request assistance.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
14. The ability to accept instructions and respond appropriately to criticism from supervisors.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
15. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
16. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
D. <u>ADAPTATION</u>					
17. The ability to respond appropriately to changes in the work setting.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
18. The ability to be aware of normal hazards and take appropriate precautions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
19. The ability to travel in unfamiliar places or use public transportation.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
20. The ability to set realistic goals or make plans independently of others.	1. ☐	2. ☒	3. ☐	4. ☐	5. ☐

II. REMARKS: If you checked box 5 for any of the preceding items or if any other documentation deficiencies were identified, you **MUST** specify what additional documentation is needed. Cite the item number(s), as well as any other specific deficiency, and indicate the development to be undertaken.

☐ Continued on Page 3

☐ Continued on Page 4**III. FUNCTIONAL CAPACITY ASSESSMENT**

Record the elaborations on the preceding capacities in this section. Complete this section ONLY after the SUMMARY CONCLUSIONS section has been completed. Explain your summary conclusions in narrative form. Include any information which clarifies limitation or function. Be especially careful to explain conclusions that differ from those of treating medical sources or from the individual's allegations.

The claimant is able to remember location and work-like procedures. He is able to understand and remember short and simple instructions. He might have difficulty understanding and remembering detailed instructions. Objective psychological testing does not indicate significant memory problems but the clmt subjectively reports memory and concentration difficulties. Current function indicates memory and concentration are sufficient to carry out simple tasks.

The claimant is able to carry out very short and simple instructions, but could not carry out detailed instructions. He is able to attend to and perform simple tasks without special supervision for at least 2-hour periods. He is able to understand normal work-hour requirements and be prompt within reasonable limits. He is able to work in proximity to others without being unduly distracted. He retains the ability to make simple work-related decisions. The claimant may miss an occasional workday due to symptoms of depression and anxiety but this should not interfere with satisfactory completion of his job overall.

The claimant prefers to stay to himself and states that he is uncomfortable in crowds. Therefore, he would perform best in situations that do not require on-going interaction with the public. However, he still goes out in public and socializes with friends. As such, he still retains the ability to relate and communicate adequately with others on a more individual basis. He has the capacity to ask simple questions and request assistance from peers or supervisors. He is able to follow basic instructions from supervisors and would change appropriately in response to supervisory feedback. He is able to sustain appropriate interaction with peers and co-workers without interference in work. He is able to sustain socially appropriate work behavior, standards, and appearance.

The claimant would respond appropriately to changes in a routine setting. He has the ability to be aware of personal safety and avoid work hazards. He retains the capacity to travel to and from work using available transportation. The claimant might need help establishing realistic goals. He would function best in a low stress work environment.

☐ Continued on Page 4☒ THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

MEDICAL CONSULTANT'S SIGNATURE

Renuka Harper

DATE:

10/27/2005

Form SSA-4734-F4-SUP (10-2004), ef (10-2004)

3

THOMPSON 060006

Continuation Sheet - Indicate section(s) being continued.

Privacy Act Notice: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and other agencies.

Paperwork Reduction Act: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

Form SSA-4734-F4-SUP (10-2004) ef (10-2004)

4

THOMPSON 060007

PSYCHIATRIC REVIEW TECHNIQUE

Name WILLIAM MARK CASEY	SSN [REDACTED]
NH (if different from above)	SSN - -

I. MEDICAL SUMMARY

A. Assessment is from: 05/28/2004 to 10/27/2005

B. Medical Disposition(s):

1. ☐ No Medically Determinable Impairment
2. ☐ Impairment(s) Not Severe
3. ☐ Impairment(s) Severe But Not Expected to Last 12 Months
4. ☐ Meets Listing _____ (Cite Listing)
5. ☐ Equals Listing _____ (Cite Listing)
6. ☒ RFC Assessment Necessary
7. ☐ Coexisting Nonmental Impairment(s) that Requires Referral to Another Medical Specialty
8. ☐ Insufficient Evidence

C. Category(ies) Upon Which the Medical Disposition is Based:

1. ☐ 12.02 Organic Mental Disorders
2. ☐ 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
3. ☒ 12.04 Affective Disorders
4. ☐ 12.05 Mental Retardation
5. ☒ 12.06 Anxiety-Related Disorders
6. ☐ 12.07 Somatoform Disorders
7. ☐ 12.08 Personality Disorders
8. ☐ 12.09 Substance Addiction Disorders
9. ☐ 12.10 Autism and Other Pervasive Developmental Disorders

☒ These findings complete the medical portion of the disability determination.

MC/PC's Signature <i>Renuka Harper</i>	Date 10/27/2005
MC/PC's Printed Name Renuka R. Harper, Ph.D.	Code 38

Form SSA-2506-BK (06-2001) Destroy Prior Editions ef (10-2004)

THOMPSON 060008

II. DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER**A. 12.02 Organic Mental Disorders**

☐ Psychological or behavioral abnormalities associated with a dysfunction of the brain ... as evidenced by at least one of the following:

1. ☐ Disorientation to time and place
2. ☐ Memory impairment
3. ☐ Perceptual or thinking disturbances
4. ☐ Change in personality
5. ☐ Disturbance in mood
6. ☐ Emotional lability and impairment in impulse control
7. ☐ Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc.

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

B. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders

☐ Psychotic features and deterioration that are persistent (continuous or intermittent), as evidenced by at least one of the following:

1. ☐ Delusions or hallucinations
2. ☐ Catatonic or other grossly disorganized behavior
3. ☐ Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. ☐ Blunt affect, or
 - b. ☐ Flat affect, or
 - c. ☐ Inappropriate affect
4. ☐ Emotional withdrawal and/or isolation

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

C. 12.04 Affective Disorders

☐ Disturbance of mood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one of the following:

1. ☐ Depressive syndrome characterized by at least four of the following:

- a. ☐ Anhedonia or pervasive loss of interest in almost all activities, or
- b. ☐ Appetite disturbance with change in weight, or
- c. ☐ Sleep disturbance, or
- d. ☐ Psychomotor agitation or retardation, or
- e. ☐ Decreased energy, or
- f. ☐ Feelings of guilt or worthlessness, or
- g. ☐ Difficulty concentrating or thinking, or
- h. ☐ Thoughts of suicide, or
- i. ☐ Hallucinations, delusions or paranoid thinking

2. ☐ Manic syndrome characterized by at least three of the following:

- a. ☐ Hyperactivity, or
- b. ☐ Pressures of speech, or
- c. ☐ Flight of ideas, or
- d. ☐ Inflated self-esteem, or
- e. ☐ Decreased need for sleep, or
- f. ☐ Easy distractibility, or
- g. ☐ Involvement in activities that have a high probability of painful consequences which are not recognized, or
- h. ☐ Hallucinations, delusions or paranoid thinking

3. ☐ Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)

☒ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above

Disorder MDD, single episode

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment (explain in Part IV, Consultant's Notes, if necessary):

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

THOMPSON 060011

D. 12.05 Mental Retardation

- ☐ Significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22, with one of the following:
1. ☐ Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow instructions such that the use of standardized measures of intellectual functioning is precluded*
 2. ☐ A valid verbal, performance, or full scale IQ of 59 or less*
 3. ☐ A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or other mental impairment imposing an additional and significant work-related limitation of function*
 4. ☐ A valid verbal, performance, or full scale IQ of 60 through 70*

- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

*NOTE: Items 1, 2, 3, and 4 correspond to listings 12.05A, 12.05B, 12.05C, and 12.05D, respectively.

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

THOMPSON 060012

E. 12.06 Anxiety-Related Disorders

☐ Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:

1. ☐ Generalized persistent anxiety accompanied by three of the following:
 - a. ☐ Motor tension, or
 - b. ☐ Autonomic hyperactivity, or
 - c. ☐ Apprehensive expectation,
 - d. ☐ Vigilance and scanning
2. ☐ A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
3. ☐ Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week
4. ☐ Recurrent obsessions or compulsions which are a source of marked distress
5. ☐ Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress

☒ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder Anxiety

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

THOMPSON 060013

F. 12.07 Somatoform Disorders

☐ Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms, as evidenced by at least one of the following:

1. ☐ A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
2. ☐ Persistent nonorganic disturbance of one of the following:
 - a. ☐ Vision, or
 - b. ☐ Speech, or
 - c. ☐ Hearing, or
 - d. ☐ Use of a limb, or
 - e. ☐ Movement and its control (e.g., coordination disturbances, psychogenic seizures, akinesia, dyskinesia), or
 - f. ☐ Sensation (e.g., diminished or heightened)
3. ☐ Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

THOMPSON 060014

G. 12.08 Personality Disorders

☐ Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:

1. ☐ Seclusiveness or autistic thinking
2. ☐ Pathologically inappropriate suspiciousness or hostility
3. ☐ Oddities of thought, perception, speech and behavior
4. ☐ Persistent disturbances of mood or affect
5. ☐ Pathological dependence, passivity, or aggressivity
6. ☐ Intense and unstable interpersonal relationships and impulsive and damaging behavior

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

H. 12.09 Substance Addiction Disorders

- ☐ Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

If present, evaluate under one or more of the most closely applicable listings:

1. ☐ Listing 12.02-Organic mental disorders*
2. ☐ Listing 12.04-Affective disorders*
3. ☐ Listing 12.06-Anxiety-related disorders*
4. ☐ Listing 12.08-Personality disorders*
5. ☐ Listing 11.14-Peripheral neuropathies*
6. ☐ Listing 5.05-Liver damage*
7. ☐ Listing 5.04-Gastritis*
8. ☐ Listing 5.08-Pancreatitis*
9. ☐ Listing 11.02 or 11.03-Seizures*

- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

*NOTE: Items 1,2,3,4,5,6,7,8, and 9 correspond to listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIA, IIC, IIE, or IIG of the form need be checked. The first block under the disorder heading in those subsections should not be checked, unless the evidence substantiates the presence of the disorder separate from the substance addiction disorder.

I. 12.10 Autistic Disorder and Other Pervasive Developmental Disorders

☐ Qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

1. ☐ Autistic disorder, with medically documented findings of all of the following:

- a. ☐ Qualitative deficits in reciprocal social interaction
- b. ☐ Qualitative deficits in verbal and nonverbal communication and in imaginative activity
- c. ☐ Markedly restricted repertoire of activities and interests

2. ☐ Other pervasive developmental disorders, with medically documented findings of both of the following:

- a. ☐ Qualitative deficits in reciprocal social interaction
- b. ☐ Qualitative deficits in verbal and nonverbal communication and in imaginative activity

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

III. RATING OF FUNCTIONAL LIMITATIONS						
A. "B" Criteria of the Listings						
Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02-12.04, 12.06-12.08 and 12.10 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s). NOTE: Item 4 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section. Specify the listing(s) (i.e., 12.02 through 12.10) under which the items below are being rated _____ 12.04 12.06						
FUNCTIONAL LIMITATION	DEGREE OF LIMITATION					
1. Restriction of Activities of Daily Living	None ☐	Mild ☒	Moderate ☐	Marked* ☐	Extreme* ☐	Insufficient Evidence ☐
2. Difficulties in Maintaining Social Functioning	None ☐	Mild ☐	Moderate ☒	Marked* ☐	Extreme* ☐	Insufficient Evidence ☐
3. Difficulties in Maintaining Concentration, Persistence, or Pace	None ☐	Mild ☐	Moderate ☒	Marked* ☐	Extreme* ☐	Insufficient Evidence ☐
4. Episodes of Decompensation, Each of Extended Duration	None ☒		One or Two ☐	Three* ☐	Four* or More ☐	Insufficient Evidence ☐
*Degree of limitation that satisfies the functional criterion.						

B. "C" Criteria of the Listings

1. Complete this section if 12.02 (Organic Mental), 12.03 (Schizophrenic, etc.), or 12.04 (Affective) applies and the requirements in paragraph B of the appropriate listing are not satisfied.

NOTE: Item 1 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.

- ☐ Medically documented history of a chronic organic mental (12.02), schizophrenic, etc. (12.03), or affective (12.04) disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. ☐ Repeated episodes of decompensation, each of extended duration
2. ☐ A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate
3. ☐ Current history of 1 or more years' inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement.

☒ Evidence does not establish the presence of the "C" criteria

☐ Insufficient evidence to establish the presence of the "C" criteria (explain in Part IV, Consultant's Notes).

2. Complete this section if 12.06 (Anxiety-Related) applies and the requirements in paragraph B of listing 12.06 are not satisfied.

☐ Complete inability to function independently outside the area of one's home

☒ Evidence does not establish the presence of the "C" criterion

☐ Insufficient evidence to establish the presence of the "C" criterion (explain in Part IV, Consultant's Notes).

IV. CONSULTANT'S NOTES

Alleges: single episode of depression

No pxs noted by DO during teleclaim

Evidence used to complete initial rating was reviewed and is summarized on the PRTF completed by Dr. Price on 7/12/05. Of note is the results of the psych testing done in 6/05: V100 P91 FS97 Working Memory=106

No worsening or change in ADLs alleged on recon form.

New MER:

Info submitted by atty from Dr. Smith (tx'ing psychiatrist): clmt presents w/ decreased conc/energy/motivation; sad mood, agitation; conditions are moderate to severe; unable to deal w/ customary work stress, relate to coworkers, deal w/ public or demonstrate reliability; slight restrictions in ADLs but marked limitations in soc, CPP and episodes of decompensation

Office notes from Dr. Smith indicate depressive sx's definitely improved with meds but continued pxs w/ memory/conc/focus. Note in 7/05 indicate slight improvement in memory and conc w/ Adderall XR. Last visit in 9/05 indicate clmt depressed and anxious again but not compliant with taking meds (confronted by psychiatrist about non-compliance).

Fn form: sometimes takes son to work; cares for dog; no motivation to work in yard; can't conc as well so playing golf is not as much fun; indep w/ pers care; not worry as much about personal appearance; sometimes forget to take meds but use calendar to keep track; fixes simple foods; does all the HW and yard work - limited by chest pain; plays golf occ; not go out a lot - not eat out as much because not as comfortable around people; drives; shops; pays bills; wants to stay home more; goes to church; no pxs getting along with others; c/o pxs w/ conc and memory; not handles stress well; not like crowds

Allegations are credible. Dr. Smith's statements re: the clmt's abilities to perform in various domains is taking into consideration but not supported by objective psychological testing nor by the clmt's self report of current function. Overall, it appears that there has been a decline in function from previous levels and that the clmt's sx's are severe. However the clmt's sx's would not prelude the performance of simple routine work activities in a low stress work environment based on current function.

Section 223 and section 1633 of the Social Security Act authorize the information requested on this form. The information provided will be used in making a decision on this claim. Completion of this form is mandatory in disability claims involving mental impairments. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.*

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

CLAIMANT: WILLIAM MARK CASEY		SOCIAL SECURITY NUMBER:	
NUMBERHOLDER (IF CDB CLAIM):		[REDACTED]	
PRIMARY DIAGNOSIS: Pulmonary	RFC ASSESSMENT IS FOR:		
SECONDARY DIAGNOSIS: MSK/back	☒ Current Evaluation ☐ Date 12 Months After Onset		
OTHER ALLEGED IMPAIRMENTS:	☐ Date Last Insured: (Date) (Date)		
	☐ Other (Specify):		

PRIVACY ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision of this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

PAPERWORK REDUCTION ACT: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

I. LIMITATIONS:

For Each Section A - F

- ➡ Base your conclusions on **all evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.).
- ➡ Check the blocks which reflect your **reasoned judgement**.
- ➡ Describe how the **evidence substantiates your conclusions** (Cite specific clinical and laboratory findings, observations, lay evidence, etc.).
- ➡ Ensure that you have:
 - Requested appropriate treating and examining source statements regarding the individual's capacities (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate **weight to treating source conclusions** (See Section III.).
 - Considered and responded to **any alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgement, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below (See also Section II.).
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
- ➡ **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

☒ Continued on Page 2

THOMPSON 060022

A. EXERTIONAL LIMITATIONS

☐ None established. (Proceed to section B.)

1. **Occasionally** lift and/or carry (including upward pulling)

(maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- ☐ less than 10 pounds
☐ 10 pounds
☐ 20 pounds
☒ 50 pounds
☐ 100 pounds or more

2. **Frequently** lift and/or carry (including upward pulling)

(maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.

- ☐ less than 10 pounds
☐ 10 pounds
☒ 25 pounds
☐ 50 pounds or more

3. Stand and/or walk (with normal breaks) for a total of -

- ☐ less than 2 hours in an 8-hour workday
☐ at least 2 hours in an 8-hour workday
☒ about 6 hours in an 8-hour workday
☐ medically required hand-held assistive device is necessary for ambulation

4. Sit (with normal breaks) for a total of -

- ☐ less than about 6 hours in an 8-hour workday
☒ about 6 hours in an 8-hour workday
☐ must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)

5. Push and/or pull (including operation of hand and/or foot controls) -

- ☒ unlimited, other than as shown for lift and/or carry
☐ limited in upper extremities (describe nature and degree)
☐ limited in lower extremities (describe nature and degree)

6. Explain how and why the evidence supports your conclusions in item 1 through 5.

Cite the specific facts upon which your conclusions are based.

Pulmonary: had pneumomediastinum after endobronchial laser procedure and had chest tube placed. Has had problems with SOB and anxiety since. PFTs done in 7/04 were normal. Cardiac stress test was normal. NS

Back: chronic low back pain using narcotics for relief. 10/04 xray revealed mod deg disc disease. On PE then he had mildly decreased ROM of L/S spine. On 6/05 ov he had negative SLR. Restrict to MEDIUM DUTY

☒ Continued on Page 3

THOMPSON 060023

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

B. POSTURAL LIMITATIONS

☐ None established. (Proceed to section C.)

	Frequently	Occasionally	Never
1. Climbing - ramp/stairs _____	☒	☐	☐
- ladder/rope/scaffolds _____	☐	☒	☐
2. Balancing _____	☒	☐	☐
3. Stooping _____	☒	☐	☐
4. Kneeling _____	☒	☐	☐
5. Crouching _____	☒	☐	☐
6. Crawling _____	☒	☐	☐

7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.

Consideration for narcotic meds.

☒ Continued on Page 4

THOMPSON 060024

C. MANIPULATIVE LIMITATIONS☒ None established. (Proceed to section D.)

	LIMITED	UNLIMITED
1. Reaching all directions (including overhead) _____	☐	☐
2. Handling (gross manipulation) _____	☐	☐
3. Fingering (fine manipulation) _____	☐	☐
4. Feeling (skin receptors) _____	☐	☐
5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based.		

D. VISUAL LIMITATIONS☒ None established. (Proceed to section E.)

	LIMITED	UNLIMITED
1. Near acuity _____	☐	☐
2. Far acuity _____	☐	☐
3. Depth perception _____	☐	☐
4. Accommodation _____	☐	☐
5. Color vision _____	☐	☐
6. Field of vision _____	☐	☐
7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.		

☒ Continued on Page 5

THOMPSON 060025

E. COMMUNICATIVE LIMITATIONS☒ None established. (Proceed to section F.)**LIMITED****UNLIMITED**

1. Hearing _____ → ☐ ☐
2. Speaking _____ → ☐ ☐
3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS☐ None established. (Proceed to section II.)**UNLIMITED****AVOID
CONCENTRATED
EXPOSURE****AVOID EVEN
MODERATE
EXPOSURE****AVOID ALL
EXPOSURE**

1. Extreme cold _____ →	☒	☐	☐	☐
2. Extreme heat _____ →	☒	☐	☐	☐
3. Wetness _____ →	☒	☐	☐	☐
4. Humidity _____ →	☒	☐	☐	☐
5. Noise _____ →	☒	☐	☐	☐
6. Vibration _____ →	☒	☐	☐	☐
7. Fumes, odors, dusts, gases, poor ventilation, etc. _____ →	☒	☐	☐	☐
8. Hazards (machinery, heights, etc.) _____ →	☐	☒	☐	☐

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.

Consideration for narcotic pain meds.

☒ Continued on Page 6**THOMPSON 060026**

9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.
B applies. The pulmonary symptoms seem to be anxiety related since the episode of 5/04

☒ Continued on Page 7

THOMPSON 060027

III. TREATING OR EXAMINING SOURCE STATEMENT(S)

A. Is a treating or examining source statement(s) regarding the claimant's physical capacities in file?

☒ Yes

☐ No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there treating/examining source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

☒ Yes

☐ No

C. If yes, explain why those conclusions are not supported by the evidence in file. Cite the source's name and the statement date.

Dr Scott, 9/20/04 The determination of disability is left for the commissioner

☒ Continued on Page 8

THOMPSON 060028

IV. ADDITIONAL COMMENTS:

☐ THESE FINDINGS COMPLETE THE MEDICAL PORTION OF THE DISABILITY DETERMINATION.

MEDICAL CONSULTANT'S SIGNATURE:

Carl Anderson

MEDICAL CONSULTANT'S CODE:

45

DATE:

10/26/2005

THOMPSON 060029

MER Scan Cover Letter

461/1

Claim Number: E54200

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: FF00000001E54200 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0075 RF: D CS: 7dd6

TDN: FF00000001

SCAN (3/04)

TRSL

SCANNED INTO EF

THOMPSON 060030

920509170004917

1 of 1

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Thu, Sep 15, 2005 02:31 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:15 am.

SUBJECTIVE:

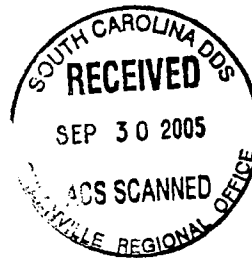
HPI:

He never started Effexor XR, as he said he had been on it before. Understandably, he is depressed and anxious. No s.i. He is obsessional. No s.i.

OBJECTIVE:

Exams:

Affect is depressed and anxious. Sensorium is clear. Obsessional.



ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Adderall XR 20 mg two qam.

Add Mirtazapine 30 mg one qhs.

Cont. Ambien 10 mg one or two qhs prn insomnia. He may not need Ambien with addition of Mirtazapine.

I confronted his non-compliance with treatment and desires to self-diagnose and direct his treatment.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 060031

5988

060304250604937

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Tue, Jul 12, 2005 10:31 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:15 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

THOMPSON 060032

5989

0005000300044

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:16 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

000304286.44117

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/23/2005 at 9:16 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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THOMPSON 060034

5991

Form Approved OMB No. 0950-0623		
WHOSE RECORDS TO BE DISCLOSED		
First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN [REDACTED]	Birthday (mm/dd/yy) [REDACTED] 1958	
SSA USE ONLY NUMBER HOLDER (If other than above)		
NAME		
SSN		

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW **

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed): Additional information to identify the subject (e.g., other names used); the specific source or the material to be disclosed:

Piedmont Psychiatric Services
5/16/05 to present

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

- ☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign

- ☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN ▶

William M. Casey

(Parent/guardian sign here if two signatures required by State law) ▶ *✓*

Date signed <i>Feb 8, 2005</i>	Street Address 240 LIGHTWOOD FARM RD		State SC	Zip 29388
Phone Number (with area code) 864 486 9131	City WOODRUFF			

WITNESS *I know the person signing this form or am satisfied of this person's identity:*

SIGN ▶

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN ▶

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 060035

**Explanation of Form SSA-827,
"Authorization to disclose information to the Social Security Administration (SSA)"**

We need your written authorization to help get the information required to process your application for benefits, and to determine your capability of managing benefits. Laws and regulations require that sources of personal information have a signed authorization before releasing it to us. Also, laws require specific authorization for the release of information about certain conditions and from educational sources.

You can provide this authorization by signing a Form SSA-827. Federal law permits sources with information about you to release that information if you sign a single authorization to release all your information from all your possible sources. We will make copies of it for each source. A few States, and some individual sources of information, require that the authorization specifically name the source that you authorize to release personal information. In those cases, we may ask you to sign one authorization for each source and we may contact you again if we need you to sign more authorizations.

You have the right to revoke this authorization at any time, except to the extent a source of information has already relied on it to take an action. To revoke, send a written statement to any Social Security Office. If you do, also send a copy directly to any of your sources that you no longer wish to disclose information about you. SSA can tell you if we identified any sources you didn't tell us about. Information disclosed prior to revocation may be used by SSA to decide your claim.

It is SSA's policy to provide service to people with limited English proficiency in their native language or preferred mode of communication consistent with Executive Order 13166 (August 11, 2000) and the Individuals with Disabilities Education Act. SSA makes every reasonable effort to ensure that the information in the SSA 827 is provided to you in your native or preferred language.

IMPORTANT INFORMATION, INCLUDING NOTICE REQUIRED BY THE PRIVACY ACT

All personal information collected by SSA is protected by the Privacy Act of 1974. Once medical information is disclosed to SSA, it is no longer protected by the health information privacy provisions of 45 CFR part 164 (mandated by the Health Insurance Portability and Accountability Act (HIPAA)). SSA retains personal information in strict adherence to the retention schedules established and maintained in conjunction with the National Archives and Records Administration. At the end of a record's useful life cycle, it is destroyed in accordance with the privacy provisions, as specified in 36 CFR part 1228.

SSA is authorized to collect the information on form SSA-827 by sections 205(a), 223 (d)(5)(A), 1614(a)(3)(H)(i), 1631(d)(1) and 1631(e)(1)(A) of the Social Security Act. We use the information obtained with this form to determine your eligibility for benefits, and your ability to manage any benefits received. This use usually includes review of the information by the State agency processing your case and quality control people in SSA. In some cases, your information may also be reviewed by SSA personnel that process your appeal of a decision, or by investigators to resolve allegations of fraud or abuse, and may be used in any related administrative, civil, or criminal proceedings.

Signing this form is voluntary, but failing to sign it, or revoking it before we receive necessary information, could prevent an accurate or timely decision on your claim, and could result in denial or loss of benefits. Although the information we obtain with this form is almost never used for any purpose other than those stated above, the information may be disclosed by SSA without your consent if authorized by Federal laws such as the Privacy Act and the Social Security Act. For example, SSA may disclose:

1. To enable a third party (e.g., consulting physicians) or other government agency to assist SSA to establish rights to Social Security benefits and/or coverage;
2. Pursuant to law authorizing the release of information from Social Security records (e.g., to the Inspector General, to Federal or State benefit agencies or auditors, or to the Department of Veterans Affairs (VA));
3. For statistical research and audit activities necessary to assure the integrity and improvement of the Social Security programs (e.g., to the Bureau of the Census and private concerns under contract with SSA).

Other than the above limited circumstances, SSA will not redisclose without proper prior written consent information (1) relating to alcohol and/or drug abuse as covered in 42 CFR part 2, or (2) from educational records for a minor obtained under 34 CFR part 99 (Family Educational Rights and Privacy Act (FERPA)), or (3) regarding mental health, developmental disability, AIDS or HIV.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about possible reasons why information you provide us may be used or given out are available upon request from any Social Security Office.

PAPERWORK REDUCTION ACT

This information collection meets the requirements of 44 USC §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING IN THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. The office is listed under U.S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.**

THOMPSON 060036

17804
SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

September 21, 2005

FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
AKA: MARK CASEY

ADD: WOODRUFF SC 29388

SSN: [REDACTED]
DOB: [REDACTED]/58

FRANCISCO E GONDA MD

Your patient has applied for disability benefits under the Social Security Act. We appreciate your response to our previous request for information. However, we need the additional information requested below to adjudicate the claim. You may annotate your response on this page or, if needed, attach additional pages. If attaching additional pages, please include the patient's name and SSN on each page.

PLEASE SEND A COPY OF TX NOTES THAT HAVE OCCURRED SINCE 1-12-05. THANK YOU FOR THE UPDATED MEDICAL INFORMATION.

Physician's Signature *Francisco E. Gonda MD*

See the attached page for instructions on returning your report to the DDS. We are authorized to pay \$15 for your report. We are not authorized to pay government agencies. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report with this letter underneath.

Sincerely,

Aimee F. DePetris

Aimee F. DePetris, Disability Examiner

PLEASE RETURN THIS LETTER AS THE SECOND PAGE OF YOUR RESPONSE.

ENCLOSURE: Release, Envelope
AFD/461
Claim No: E34200

L2 (6/05)
DMA: Y



THOMPSON 060037

Mark Casey

4/5/05 Pt. in for rev - status 7 on pain scale - ITD re. - GPC
(2° chronic pain)

04/05/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

E: DYSLIPIDEMIA

G: ERECTILE DYSFUNCTION

H: DEPRESSION

I: HYPERCHOLESTEROLEMIA

S: This 46-year-old white male is in for follow up on the above problems and for medicine refill. He denies chest pain or shortness of breath. His appetite is good, and he moves his bowels well. He continues on Cymbalta from his psychiatrist. He thinks the anxiety and depression are fairly stable. He continues with chronic low back pain. This has not changed. He has no problems with any of his medications.

O: Patient is in no distress. Blood pressure is up a little at 156/86. Pulse is 100. Weight is 187-pounds. Neck is supple with no thyromegaly or carotid bruits. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft with no organomegaly. Lower extremities reveal no edema. Straight leg raise is negative. Deep tendon reflexes are 2+. Back reveals fairly good range of motion. There is no tenderness to palpation at this time.

A: As above.

P: Renew medications which include: Ultram, 50 mg two q.i.d.; Zanaflex, 4 mg two q.h.s.; Viagra, 100 mg one p.o. one hour prior to relations; Bextra, 20 mg one q.a.m. Increase Lipitor to 40 mg q.a.m. #90 days with one refill on all medications. Renew Lortab-10/500 one b.i.d., #60 with two refills. Will come back fasting in the morning for lipid profile and an ALT. Adjust medicines further as needed. Continue with psychiatrist. Follow up in three months or p.u.m.

DNR: Frank E. Gonda, MD/jmm

5/16/05 Samples given Toradol 145mg # 1 Box of 28
Date Drug Name # Dispensed

Lot Number: 236662521 7/2/06 Initials: FN

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

5/16/05 pt. not taking labo. No improvement in Trig & HDL. Doct. do diet & exercise coit. lipitor but ↓ to 40 mg 1/2 tablet qd.
Add Toradol 145mg 4 7 pm. 28 samples
labs in 4 weeks FN

6/28/05. pt. presents for chol. ✓; needs Rx. Lortab: pain scale 7. rev - status 7. GPC

6/28/05 Samples given Toradol 145mg # 1 bx
Date Drug Name # Dispensed

Lot Number: 276362621 7/1/06 Initials: OT/mmt

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

PAGE 03

FFM BS

09/27/2005 11:07 864-578-7098

THOMPSON 060038

27/09/05 11:01:11 RX-Fax No. 9938 (10871.2) from 864 578 7098 Status: OK p4/4

06/28/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN

I: HYPERCHOLESTEROLEMIA

- S: This 46-year-old white male is in for refill on medications. He continues to have chronic low back pain. He remains out of work. He wakes up every morning with the same amount of pain. Since he has not been working, he has overall less pain. If he does any kind of yard work or house work his pain returns. He was recently switched to Mobic since Bextra was unavailable. He was also started on Tricor, and his Lipitor was reduced in half because triglycerides remained markedly elevated. He has had no side effects from the medication. He continues to see the psychiatrist in Greenville who now has him on Cymbalta, 60 mg two a day and Adderall-XR, 20 mg two a day.
- O: Patient is in no acute distress. Weight is 184-pounds. Blood pressure is 118/84. Pulse is 68. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals mild tenderness in the lumbosacral area. There is discomfort with twisting and tilting. Straight leg raise is negative. Deep tendon reflexes are 2+. Motor and sensory are grossly intact.
- A: Chronic low back pain, stable. Really unchanged.
- P: Continue Mobic, 7.5 mg one q.-day; Zanaflex, 4 mg two q.h.s.; Ultram, 50 mg two q.i.d. No refills needed. Renew Lortab-10/500 one p.o. b.i.d., #60 with two refills.
- A: Hyperlipidemia.
- P: Check a lipid profile and an ALT. Continue Lipitor, 40 mg one-half tablet q.-day. Tricor, 145 mg one q.p.m., #90 with one refill. Samples for a month. Adjust medicines as needed. Continue with the psychiatrist and his medications. See him back in three months.
- DNR: Frank E. Gonda, MD/jmm

DATE	TIME	CALLER	PT. NAME - CHART #	PHONE #	ALL: P.S.C.O	MD
8/16/05	02:15	SELF	Mark Casey #	1680-5929		Gonda
AGE	WT	HT	BY	MDR	RE	
58		1k				
Jaime - pls. call						
8/16/05 pt. stated he has disability form to be						
filled out - stated we have form - told pt we have form -						
pt to get form + told him old form to see if we could						
fill out - pt						
I don't do disability forms -						
DISPOSITION				DRUG STORE	BY	TIME
						A P

MER Scan Cover Letter

4.61/1

Claim Number: E54200

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0037465638E54200 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: b2aa

TDN: 0037465638

SCAN (3/04)

8/19
KCKI

SCANNED INTO EF

THOMPSON 060040

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

September 19, 2005

Mr. Paul Kelly, Regional Supervisor
Disability Determination Division
Box 3090
Greenville, S. C. 29602

Subject: William M. Casey

Woodruff, S. C. 29388

SSN [REDACTED]



Dear Mr. Kelly:

We requested reconsideration for William Casey in Spartanburg on September 6, 2005. We wanted to confirm that you have received the file for reconsideration. We are submitting medical evidence with this letter because we have so much difficulty sending the information by FAX to London, Ky. In several instances, medical information sent to that FAX number never shows up in the unfavorable reconsideration notices. We are enclosing the latest available information from Lung & Chest Medical Associates of Spartanburg and information from the claimant's psychiatrist, Dr. Jeffrey Smith which includes a questionnaire form and office notes. The degree of impairment documented by the Dr. Smith would suggest that Mr. Casey meets or equals the listings under 12.00 *et seq.* Thank you for assigning the case to a reconsideration examiner for completion of reconsideration at this time.

Very truly yours,

George H. Thomason
GHT/gl
ENCLOSURES

cc: William M. Casey

SCANNED INTO EF

THOMPSON 060041

RECEIVED SEP 14 2005

QUESTIONS TO Dr. Jeffrey Smith
 IN THE SOCIAL SECURITY CLAIM OF
William M. Casey
 SS # [REDACTED]

1. ☒ Have you treated or counseled the above patient?
 Yes ☒ No ☐

2. What are your findings or diagnoses regarding the patient's psychological or mental condition?

Major Depressive D.O., with ↓ mood, ↓ Energy,
 Sad Mood, Agitation, ↓ Motivation.

3. What factors are present which would cause you to make the above findings or diagnoses?

See Symptoms Listed In Question
 #2.

4. How severe are the above psychological/mental condition(s)?

Moderate to Severe

5. Based upon your review of the medical records and your observations of the patient in a clinical setting would the patient's psychological/mental condition impact on the following characteristics for employment 8 hours a day/5 days a week:

	Satisfactory	Unsatisfactory
▶ Dealing with customary work stresses	_____	_____ ☒
▶ Relating to co-workers/supervisors	_____	_____ ☒
▶ Dealing with the public	_____	_____ ☒
▶ Demonstrating reliability in a work setting	_____	_____ ☒

THOMPSON 060042

6. Based on your professional judgment, please assess the following functional limitations as they exist for this Social Security claimant as the result of a psychological/mental condition:

Functional Limitation	Degree of Limitation	
1. Restriction of Activities of Daily Living	None ☐ Slight ☒ Moderate ☐ Marked ☐ Extreme ☐	Insufficient evidence ☐
2. Difficulties in Maintaining Social Functioning	None ☐ Slight ☐ Moderate ☐ Marked ☒ Extreme ☐	Insufficient evidence ☐
3. Difficulties in Maintaining Concentration, Persistence or pace	None ☐ Slight ☐ Moderate ☐ Marked ☒ Extreme ☐	Insufficient evidence ☐
4. Repeated episodes of decompensation, each of extended duration	None ☐ One or two ☐ Three ☐ Four ☒	Insufficient evidence ☐

COMMENTS:

DATE: 9-12-05

Title: J.K. Smith M.D.

THOMPSON 060043

RECEIVED SEP 14 2005 1 of 1

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Tue, Jul 12, 2005 10:31 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"Maybe slight improvement" in memory and concentration. No s.e. to Adderall XR. Mood is pretty good. No s.i. Interest and motivation seem to be lagging more than he has previously indicated.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Adderall.

Add Strattera 40 mg one qam for seven days, then increase two qam. # 63 samples.

Cont. Ambien 10 mg one or two qhs. prn insomnia.

Ret. in 4 wks.

cc: Joseph Grace, PhD.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT® is a registered trademark of the American Medical Association.

THOMPSON 060044

6001

Casey, William M. [REDACTED]/1958

Office/Outpatient Visit

Visit Date: Mon, Jun 13, 2005 10:47 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

The depression is still pretty well controlled.

The Concerta has not helped with memory, concentration, or ability to focus. He tried taking 72 mg for two days and it did not help.

No s.i.

OBJECTIVE:

Exams:

Affect is euthymic.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Stop Concerta.

Add Adderall XR 20 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED] 1958

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

Casey, William M. [REDACTED]/1958

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 09/12/2005 at 11:10 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

LUNG AND CHEST MEDICAL ASSOCIATES
 2030 North Church Place, Spartanburg, SC 29303
 CMF WPS EBK MLA JDC **RVM** BE
LAB REQUISITION

PATIENT NAME William Casey CHART # 77168 DATE 7-19-05
 SEX M RACE C B A H O
 DIAGNOSIS _____

	DESCRIPTION	RESULTS	NORMAL VALUE	REPEATED VERIFIED RESULTS	INITIALS
	Theophylline		10-20 Mcg/dl		
	Glucose	121	70-110 Mg/dl		
	BUN	29	5-25 Mg/dl		
	Creatinine	0.7	0.5-1.4 Mg/dl		
	K+	4.2	3.5-5.1 Mcq/dl		
	PT		14-18 sec		
	INR		2.0-3.0 Cosmadin therapy		
			2.5-3.5 Prostatic Heart Valves		
	CBC				
	UA				
	HgbA1C	%	<7 %		
	Arterial Puncture				
	ABG's - FI02				
	ABG's - PH		7.35-7.45		
	ABG's - PCO2		35-45 mmHg		
	AGG's - PO2		80-100 mmHg		
	AGG's - O2 Sat		95-98%		

URINALYSIS - MACROSCOPIC			
COLOR	_____	Ph	_____
APPEARANCE	_____	PROTEIN	_____
GLUCOSE	_____	UROBILINOGEN	_____
BILIRUBIN	_____	NITRITE	_____
KETONES	_____	LEUKOCYTES	_____
SP. GR.	_____		

Rapid Strep Positive Negative
 Z-Stat Flu Positive Negative

CMF _____ WPS _____ EBK _____ MLA _____ JDC _____ RVM _____ BE _____ Staff 

Lab Requisition 12-23-03

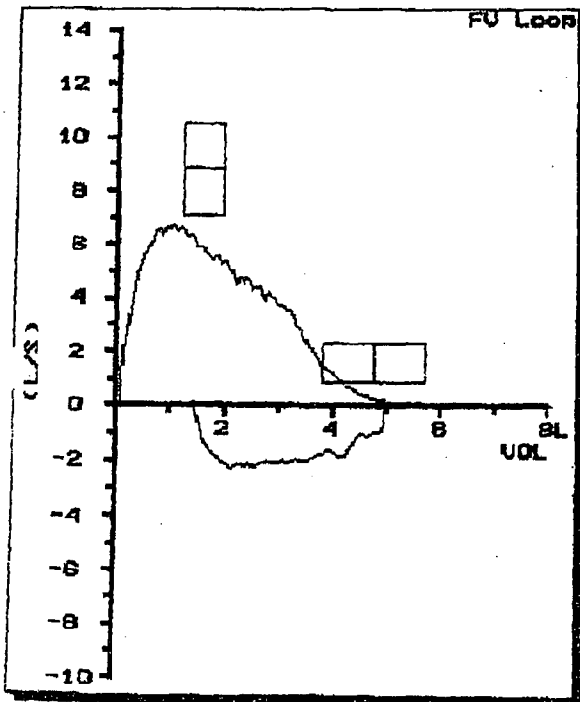
THOMPSON 060048

Lung and Chest Medical Associates Spiro A
 ID: 77168 Casey, William Mark
 Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 174.0 lb

COMMENTS:
 PRE-BD COMMENTS:

LAST CALIBRATED: Tue Jul 19, 2005 7:34:36 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Tue Jul 19, 2005 11:57:55 am		6.3 secs	KNUDSON/IMTS	2
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	5.02 L	4.73 L	106.19 %	IVC	3.61 L
FEV 0.5	2.75 L	3.04 L	90.50 %	FIV1	1.35 L
FEV 1.0	3.90 L	3.84 L	101.52 %	PIF	2.46 L/S
FEV 3.0	4.73 L	4.48 L	105.50 %	FIF50	2.20 L/S
				FEF50/FIF50	193.85 %
FEV 0.5/FVC	54.75 %	64.24 %	85.23 %	Interpretation:	
FEV 1.0/FVC	77.56 %	81.23 %	95.61 %		
FEV 3.0/FVC	94.18 %	94.79 %	99.35 %		
NORMAL					
PEF	6.61 L/S	8.64 L/S	76.59 %	MAX FVC = 5.02L TEST # 2 MAX FEV-1 = 3.90L TEST # 2	
FEF 25-75%	3.61 L/S	3.91 L/S	92.38 %		
FEF 75-85%	0.90 L/S	1.04 L/S	87.31 %		
FEF 25	6.15 L/S	7.95 L/S	77.37 %		
FEF 50	4.26 L/S	4.59 L/S	92.85 %		
FEF 75	1.40 L/S	1.81 L/S	77.15 %		
FEF .2-1.2	5.82 L/S	7.26 L/S	80.13 %		



Legend

Pre-BD Test

Good effort

THOMPSON 060049

CMF WFS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: William Casey Chart#: 77168 Date: 7-19-05Wt 174.9 Ht - B/P 129/89 HR 85 RR 16 Temp 98.1 O2Sat 93 P02 -

- ☐ Cough
☐ Sputum
☒ Dyspnea
☐ Wheeze
☐ Edema
☐ Palpitations
☐ Oriented
☐ New Allergies

- ☐ Smoking
☐ Nausea
☐ Vomiting
☐ Diarrhea
☐ Chest Pain
☐ Pain
☐ ETOH
☐ Fever/chills

Present Illness + reason for visit:

Doesn't want to see pediatrician
Worried x 1 week - chest sore - tight
dry heaves now
saw Dr. [unclear] as usual since year ago
She gets them

When was your last DEXA Bone Densometry Testing done?

Seeing new doctors? no For:Hospitalizations or major life changes since last visit: yes 6-05 - strokeMeds. Review based on: in bottle on list from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

- *General Appearance
 *Skin Turgor
 *ENT
 *Mouth
 *Sinus
 *Neck
 *Chest/Lungs: Breath Sounds
 Wheezes
 Rales
 Effort
 Symmetry
 *Heart: Rhythm
 Murmurs
 Gallop
 Tones
 *Abdomen
 *Extremities
 *Mobility: Gait
 Reflexes
 Aides

dry heaving x 1 week and vomit
can't take anything down
chest tight
No abnormal bone spurs
Pain
umbilical
stomach
ultram
lost

*Mental Status: 5/27
 LAB ORDER: Spirometry 5/27 EKG 5/27 Sinus 5/27 PT 5/27 INR 5/27 O2Sat Rest 93%
 Lung Vol DLCO U/A CXB ABG's 5/27 Theo 5/27 O2Sat Exercise 93%

Office Treatment: extra goldEducation: Does pt want to quit smoking? Yes/No Other: PT no longer smoker

Materials/counseling given:

Diagnosis: Non-Hodgkin's Lymphoma Plan ✓ UGLS PD standard/pack etc
? Stratum / [unclear] etc ✓ UFT
Pt. Hepatic ice in oral cavity
Stop Stratum / [unclear]
 Abn CXR (lung fluid), 793.1
 Anticoagulant Circulating, 28615
 COPD, 495
 Cough, 786.2
 Dyspnea, 786.09
 Fatigue (general), 780.79
 Fever, 780.6
 ILD, 515
 Monitoring (drug name), V48.6
 Rhinitis, 477.9
 Sleep Apnea/Disorders (acc), 780.53

Prescriptions:

Next appt: Weeks Months W/ CMF WFS EBK MLA JDC RVM PA NP Signature [Signature] Staff LT
 Next Visit: Spiro LV DLCO PA PAL Sinus DEXA BLDWK Other [Signature]

THOMPSON 060050

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29302-3072/864-560-6212
 DRs. DAVIS, LOWRY, URRN, NELSON, RAINIER, LAPHAM, HIMS, CALDWELL, STAKE & KIM

CASEY WILLIAM MR#: 10002106614-62-36 Pin.No.: 0920001651 Admitted: 19JUL05
 45 YRS MALE DOB: [REDACTED]/1958 Page: 1
 Dr. MENDOZA RICO INTERIM Printed: 21JUL05
 Location: PRIVATE OUT PT VISIT ADMNAL PAIN UNSPEC SITE C556

 + CHEMISTRY +

----- LEPATIC PROFILES -----

Procedure:	TOT PROT	ALBUMIN	AST	ALT	ALK PHOS	BILI TOTAL	BILI DIR	BILI INDIR
Ref Range:	(5.1-8.0)	(3.5-4.9)	(12-33)	(0-39)	(16-108)	(.0-2.5)	(.0-.2)	(.2-1.4)
Units:	GM/DL	G/DL	U/L	U/L	U/L	MG/DL	MG/DL	MG/DL
19JUL05 1600	6.3	4.4	14	18	80	.6	.1	.5

Patient Name: CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

SEND TO: DR AICO MENDOZA
 2010 NORTH CHURCH AVE
 SPARTANBURG SC 29303

FAX TO: 864-588-2102

Comment

THOMPSON 060051



PIEDMONT IMAGING

Your Choice for MRIs & CT Scans

Name: Cathy Williams Date of Scan: 7/25/15
 Address: Woodruff St 29385
 Telephone: Date of Birth: 1/58

PROCEDURE

MULTISLICE HELICAL CT CORONARY ARTERY CALIUM SCORING (CACS)

TECHNIQUE

Multislice Helical 3.2 mm transaxial CT images were obtained at 1.5 mm intervals for evaluation of the proximal 6.0 cm of the coronary arteries. A computer-generated score is calculated based on the amount of calcification detected.

RESULTS

L MAIN 0.0 LAD 1.4 CIRCUMFLEX 0.0 R CORONARY 0.0 TOTAL 1.4

CALCIUM SCORE GUIDELINES

Total Score	Plaque Burden	Risk Category	Probability of Significant CAD	Guidelines
0-1	No identifiable atherosclerotic plaque	Very Low	Very Unlikely	Reassurance while stressing adherence to general guidelines on diet and exercise.
1-10	Minimal identifiable plaque	Low	Unlikely	Follow the general guidelines on cardiovascular risk reduction.
11-100	Mild identifiable plaque	Moderate	Mild or minimal coronary stenosis likely	Risk factor medication is recommended, including daily aspirin and strict adherence to National Cholesterol Education Program or proposed modification.
101-400	Moderate identifiable plaque	Moderately High	Moderate likelihood of significant stenosis	Aggressive risk factor modification is recommended with stress testing preparatory to an exercise program. Daily aspirin is advised. Strict adherence to National Cholesterol Education Program or proposed modification.
Over 400	Extensive plaque burden	High	High likelihood of significant coronary stenosis	Very aggressive risk factor modification is recommended (including aspirin and a statin medication) with stress imaging and possibly angiography.

Coronary artery calcification is a specific marker for coronary atherosclerosis. The amount of calcification correlates with severity of coronary atherosclerosis and the probability of obstructive disease. A score of 0 indicates no coronary artery calcification and this implies the absence of significant angiographic coronary narrowing in 99% of cases. It does not absolutely rule out the presence of soft non-calcified plaque, especially in younger patients and those who smoke heavily. A high score indicates a significant plaque burden and the relative risk for future cardiovascular events. It should be understood that calcification is not site specific for stenosis but rather indicates the extent of atherosclerosis in the coronary arteries overall. The score may be used as a benchmark to measure subsequent disease development or assess preventative programs. Thank you for your confidence in our center.

Sincerely,

[Signature]
 Paul Ceballos, MD
 Radiologist

684 North Pine St. • Spartanburg, South Carolina 29303
 864-542-0033 • Fax 864-542-0025

THOMPSON 060052

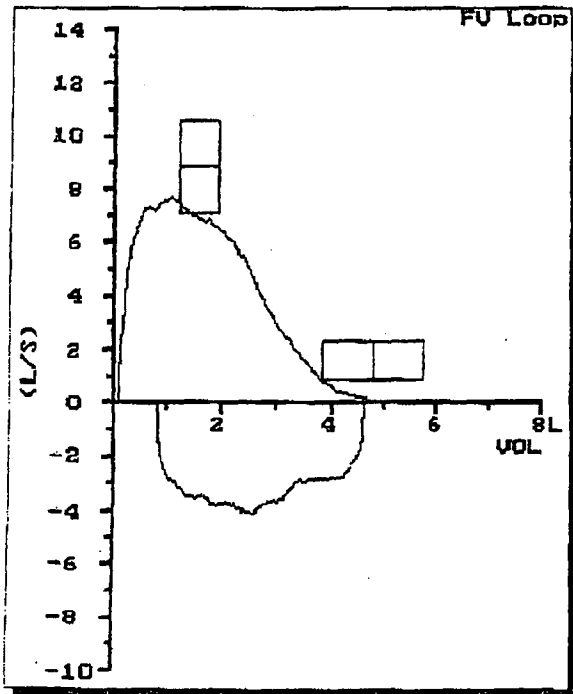
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 46 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Thu Jul 21, 2005 7:36:40 am

TYPE	Test Date and Time		Exp. Time	Normals	Test#
Pre-BD:	Thu Jul 21, 2005 3:52:12 pm		5.9 secs	KNUDSON/IMTS	1
Expiratory	Actual	Predicted	% of pred	Inspiratory	Actual
FVC	4.65 L	4.73 L	97.88 %	IVC	3.86 L
FEV 0.5	2.96 L	3.05 L	97.12 %	FIV1	2.95 L
FEV 1.0	3.76 L	3.87 L	97.21 %	PIF	4.26 L/S
FEV 3.0	4.40 L	4.51 L	97.51 %	PIF50	3.97 L/S
				PEF50/PIF50	135.01 %
FEV 0.5/FVC	63.77 %	64.27 %	99.22 %	Interpretation:	
FEV 1.0/FVC	80.82 %	81.38 %	99.31 %		
FEV 3.0/FVC	94.58 %	94.94 %	99.62 %		
NORMAL					
PEF	7.56 L/S	8.67 L/S	87.17 %	MAX FVC = 4.65L TEST # 1 MAX FEV-1 = 3.76L TEST # 1	
FEF 25-75%	3.91 L/S	3.95 L/S	99.06 %		
FEF 75-85%	0.86 L/S	1.06 L/S	81.57 %		
FEF 25	7.45 L/S	7.97 L/S	93.49 %		
FEF 50	5.37 L/S	4.62 L/S	116.05 %		
FEF 75	1.47 L/S	1.83 L/S	79.90 %		
FEF 12-1.2	7.00 L/S	7.31 L/S	95.75 %		

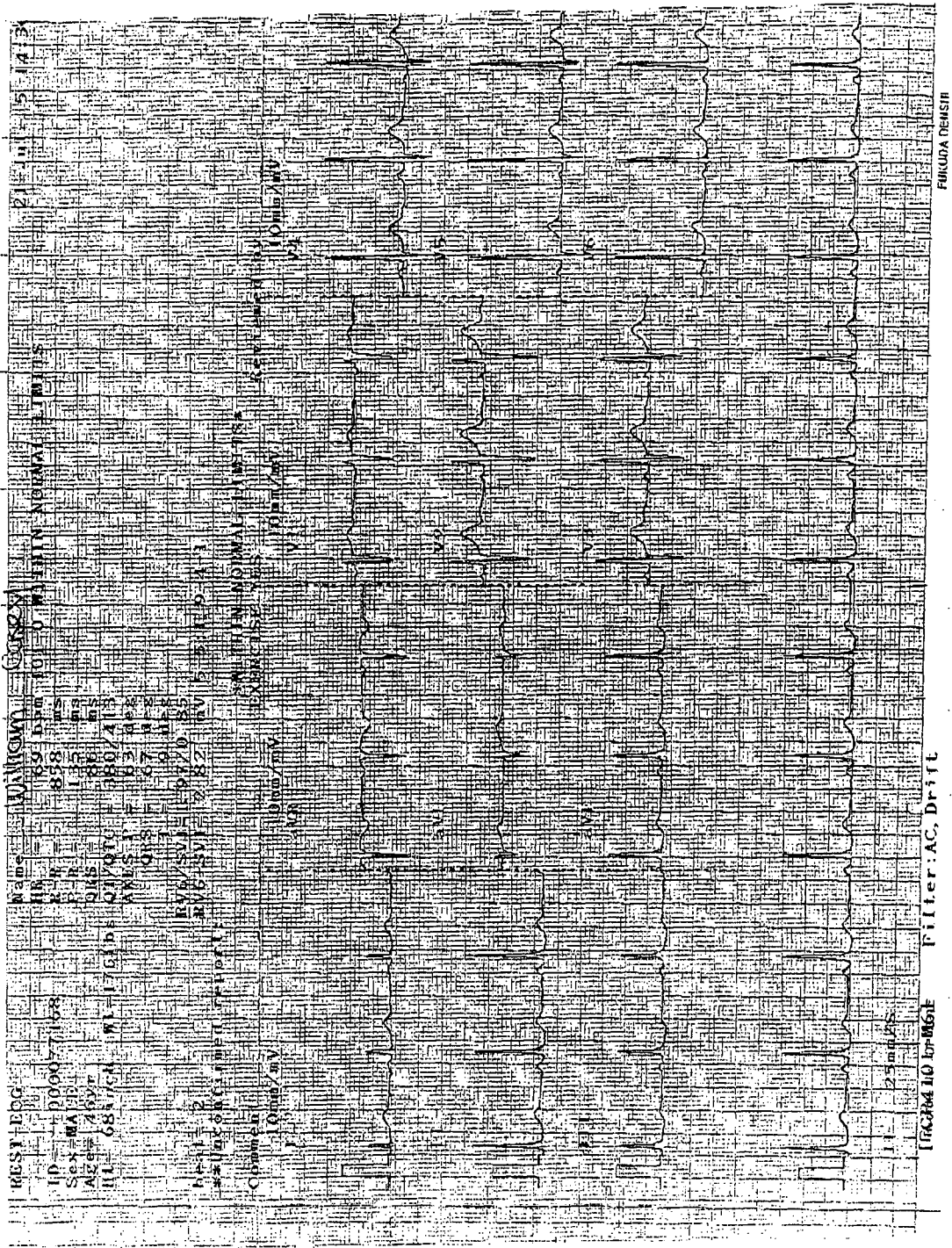


Legend
Pre-BD Test

Good Effort! (TB)

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060053



THOMPSON 060054

WILLIAM CASEY
77168
07-21-06
Page Three

Comment

With reference to the patient's GI symptoms they do seem improved since discontinuing the Strattera and this really did not help with his staying focused anyway. However, he may still have some underlying pathology such as cholelithiasis or peptic ulcer disease and ultrasound of the gallbladder appears warranted. If symptoms persist we may consider an upper GI.

With reference to the patient's squeezing pain, he does have risk factors for coronary artery disease in terms of his hyperlipidemia, family history, previous smoking and incidentally noted coronary calcification on Spartanburg Regional Medical Center CT. A formal coronary calcium score may be indicated and if elevated may be an indication to proceed with more vigorous cardiac workup. However, the chronicity increases the likelihood his chest pain is benign.

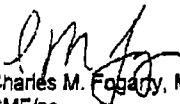
With reference to the patient's difficulty concentrating, air emboli have been reported as a common complication when there is laser perforation of the endotracheal tree with resultant leakage of air into extra pleural, vascular and mediastinal spaces. Although he is fortunate not to have any gross motor deficit, he may well have a permanent neurologic deficit in which case the indication for taking medication, such as Strattera, may be moot; the patient may simply need to recognize that although he would like to go back to work, he may be chronically disabled by his neurologic impairment/permanent brain damage.

Plan

We will check back with the patient via phone with reference to his coronary calcium score and his gallbladder ultrasound. Further evaluation will proceed pending the results of above.

Separately, we will review the patient's chart for him since he has many questions about the hospital admission for his chest pain, and try to put into lay language a summary of what happened during the hospital admission.

He is to check back with Dr. Grace regarding the persistence of his neurological impairment.


Charles M. Fogarty, MD
CMF/ns
cc: Dr. Gonda

THOMPSON 060055

WILLIAM CASEY
77168
07-21-06
Page Two

Family History

Coronary artery disease and hyperlipidemia, as previously noted.

Review of Systems

A cardiac catheterization in 2000 did not show any critical narrowing. The CT prior to his laser bronchoscopy was normal range except for incidentally noted coronary calcification. No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 176.6, BP 153/91, HR 78, RR 20 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis.

Extremities: No edema or clubbing.

Neurological: The patient had difficulty staying focused with answers to questions and could not repeat five numbers backward on a simple cognitive screen, but could repeat four numbers.

Laboratory Data

The vital capacity is 4.65 or 98% of predicted. The forced expiratory volume is 3.76 or 97% of predicted.

Today's cardiogram is normal range. Interestingly the cardiogram while he was in the hospital with his chest pain in May of last year showed nonspecific ST T-changes.

Impression

1. Chest pain, probably chest wall.
2. Nausea and vomiting, improved.
3. Persistent difficulty concentrating staying focused.
4. Status post laser bronchoscopy complicated by pneumomediastinum and pneumothoraces.

Continued...

THOMPSON 060056



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V.I. Mendoza, M.D.
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Fax: (864) 585 - 2102

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E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C

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WILLIAM CASEY
77168
07-21-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his 7/19 visit. At that time he was having dry heaves and nausea and this was felt possibly to be an interaction between the Strattera and the Cymbalta and he was advised to discontinue these. Since then he is better. He continues to have chest pain, a squeezing sensation, which can be present without exercise, although it is exacerbated by exercise.

We should note that it was this symptom that led him to go to the emergency room May 2004. Although the presenting complaint was chest pain, a chest film showed a metallic fragment. This was interpreted as being in the chest by the treating physician and the patient was referred for pulmonary consult and underwent rigid bronchoscopy within hours of his presentation. The bronchoscopy did not show a foreign body, but rather an area of erythema, and he was scheduled for a laser bronchoscopy the following week. The laser bronchoscopy was performed, with the patient under lengthy anesthesia for 1 hour and 50 minutes, and was complicated by pneumomediastinum.

Since the procedure the patient has ultimately recovered from his pneumomediastinum, bilateral pneumothoraces requiring chest tubes, intubation and mechanical ventilation. However, he has been unable to work and is now depressed over his long-term outlook.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

He has been out of work now for a year and probably will be out of health insurance and a job, since he has been unable to hold gainful employment in the interim in large part because of his difficulties with concentrating and staying focused. The issue of his chest pain still remains unresolved. Cardiac evaluation was negative and his chest pain may be benign chest wall. On the plus side, he has quit smoking.

Continued...

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 060057

#7760
DOLV
7-21-05
no App.

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report
ACR Accredited Facility for Ultrasound

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OPT
Pt. Type: OPT

UNIT #: 000146220
CI#: 1480526
ANH: S0520101451

Exam
80073 US GALLBLADDER
76705

Date: 07/28/05 0812
Ord Diag: 767.03-VOMITING ALONE

Sonogram of the gallbladder. 7/28/2005.

History: Epigastric pain with nausea.

Findings: Gallbladder is fluid filled. No stones are seen. Common duct is 5 mm which is normal. Pancreas and liver are unremarkable.

Conclusion: Negative sonogram of the gallbladder.

Read By: John HarrillMD
Released By: John HarrillMD

PL

FINAL

Page 1

THOMPSON 060058

6015

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WILLIAM CASEY
77188
08-04-05
Page Two

Physical Examination (Continued)

Chest: No wheezes, rales or rhonchi.

Cardiac: No murmur or gallop.

Abdomen: Bowel sounds present. The patient felt like he might have the heaves while in the office but no emesis. Bowel sounds present.

Extremities: No edema or clubbing.

Neurological: The patient had some readily apparent difficulty staying focused with answers to questions and had difficulties repeating numbers backward on a simple cognitive screen.

Laboratory Data

The ultrasound showed no pathological findings.

Impression/Discussion/Plan

The patient has been instructed in optimal use of aerosol therapy. The patient was instructed on diet with attention at maintaining muscle mass and achieving an ideal body weight. The patient is instructed in exercise to promote mucous clearance, maintain balance and muscle mass. The patient was given our cell phone number to call any time any interval problems develop before the next visit.

The patient is to continue his current regimen. He will check back with us this fall.

Charles M. Fogarty, MD
CMF/ns

THOMPSON 060059



Lung and Chest Medical Associates

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WILLIAM CASEY
77168
08-04-05

OFFICE NOTE

Chief Complaint

William Casey returns for follow up on his previous visit. Since we saw him he has had coronary calcium score and upper abdominal ultrasound.

Current Conditions

1. Chest pain.
2. Nausea and vomiting.
3. Persistent difficulty concentrating staying focused status post pneumomediastinum/pneumothorax complicating laser therapy in attempt for laser therapy for metallic artifact, which ultimately proved to be outside of chest.

Current Medicines

1. Advair 250/50 twice daily.
2. Combivent 1 puff four times daily as needed.
3. Ultram 50 mg four times daily as needed chest pain.
4. Lipitor 10 mg daily.
5. Lortab four times daily as needed.

Social History

No tobacco or alcohol.

Review of Systems

No additional findings on cardiorespiratory, GI or GU review.

Physical Examination

Vital Signs: Wt. 178, BP 120/74, HR 75, RR 22 and SaO₂ is 98% on room air.

General: No acute distress.

Skin: Normal turgor.

HEENT: Pupils symmetric.

Neck: No jugular venous distention.

(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 060060

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FOGARTY, CHARLES M

LOC: OPT

Pt. Type: OPT

UNIT #: 000146220

CI#: 1480551

AN#: 50520101451

DOB: [REDACTED] / 58

Checkin-Exam Code Summary
1480551-50041

otherwise appear unremarkable on this exam and are not likely of
clinical significance.

Read By: William T Joycemo
Released By: William T Joycemo

n

FINAL

Page 2

Patient: CASEY, WILLIAM

MRN: 000146220 Encounter: 0520101451 Page 2 of 2

THOMPSON 060061

6018

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FOGARTY, CHARLES M
LOC: OP: DOB: [REDACTED] / 58
Pt. Type: OPT

UNIT #: 000146220
CI#: 1480551
AN#: S0520101451

Exam
50041 XR G I SERIES
74246

Date: 07/28/05 0836
Ord Diag: 787.03-VOMITTING ALONE

Double-contrast upper GI, 7/28/2005

Indication: Several week history of nausea and vomiting

Findings: Under fluoroscopy the patient shows normal swallowing and esophageal motility. The esophagus distends normally. Note is made only of a single small distal esophageal mucosal cleft or diverticulum, this is only a few millimeters in size. With Valsalva no hiatal hernia is seen. During assessment of the stomach several episodes of mild reflux into the distal esophagus were seen.

The stomach distends normally with no abnormal mass or impression and no mucosal irregularity. The duodenal bulb is somewhat irregular, I do not see a discrete ulcer but this could be deformed from peptic ulcer disease. Contrast does freely progress through this into the duodenum. In the third portion of the duodenum there are 2 diverticula adjacent to one another. One is relatively prominent in size, equal to that of the duodenal bulb. No retained material is seen within these and contrast freely progresses through this to the proximal small bowel.

Impression: Small mucosal cleft or diverticulum noted in the distal esophagus. This is probably a normal variant although could represent focal change of mild esophagitis. A few episodes a very mild GE reflux were seen during this study.

2. Duodenal bulb somewhat deformed although no discrete ulcers seen. This could be change from peptic ulcer disease but there is no evidence of stricture, contrast freely progresses into the proximal small bowel on this study.

2. 2 duodenal diverticula in the third portion of the duodenum, one of these is a giant diverticulum equal in size the duodenal bulb. They

FINAL

Page 1

Patient: CASEY, WILLIAM

MRN: 000146220 Encounter: 0520101451 Page 1 of 2

THOMPSON 060062

NAME: WILLIAM MARK CASEY

SSN: [REDACTED]

MEDICAL EVALUATION REFERRAL☒ Current☐ Duration☐ Re-Eval by _____☐ XF40Assessment AOD 5/28/04 DLI 12/31/08

PP _____ Age 22 _____

Allegation(s) lung/breathing pxs; singl e episode of depression

DE Input/Questions Pls see mer in file incl piedmont psych and intel testing

Examiner: *Robert Keaton*Date: 7/11/05

Mental Impairments	Current	Projected	At DLI/PP/Age 22
Affective D/O; Anxiety D/O	Severe		

Comments

Consultant: *Debra Price*Date: 7/12/05

Physical Impairments	Current	Projected	At DLI/PP/Age 22
resp asthma	severe		
msk back pain	severe		
cvs	ns		

Comments see rfc.

Consultant: *Beham El-Hiony*Date: 6/20/05Final Disp Date 7/12/05

XF-35 (6/04)

DMA

THOMPSON 060063

MER Scan Cover Letter

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: FF00000003D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0130 RF: D CS: b89e

TDN: FF00000003

KCK\

SCAN (3/04)

THOMPSON 060064

PHYSICAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

D91109

CLAIMANT: William M. Casey		SOCIAL SECURITY NUMBER:
NUMBERHOLDER (IF CDB CLAIM):		
PRIMARY DIAGNOSIS: Resp S-O B	RFC ASSESSMENT IS FOR:	
SECONDARY DIAGNOSIS: CVS	☒ Current Evaluation	
OTHER ALLEGED IMPAIRMENTS: MSK - back pain	☐ Date Last Insured: _____ (Date)	
	☐ Date 12 Months After Onset: _____ (Date)	
	☐ Other (Specify): _____	

PRIVACY ACT/PAPERWORK ACT NOTICE: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision of this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with Federal laws requiring the exchange of information between Social Security and other agencies.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. **SEND THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE.** The office is listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213. You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.

I. LIMITATIONS:**For Each Section A - F**

- ➔ Base your conclusions on **all evidence** in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.)
- ➔ Check the blocks which reflect your **reasoned judgement**.
- ➔ Describe how the **evidence substantiates your conclusions**. (Cite specific clinical and laboratory findings, observations, lay evidence, etc.)
- ➔ Ensure that you have requested:
 - Appropriate treating and examining source statements regarding the individual's capacities. (DI 22505.000ff. and DI 22510.000ff.) and that you have given appropriate **weight to treating source conclusions**. (See Section III.)
 - Considered and responded to **any alleged limitations imposed by symptoms** (pain, fatigue, etc.) attributable, in your judgement, to a medically determinable impairment. Discuss your assessment of symptom-related limitations in the explanation for your conclusions in A - F below. (See also Section II.)
 - Responded to all allegations of physical limitations or factors which can cause physical limitations.
- ➔ **Frequently** means occurring one-third to two-thirds of an 8-hour workday (cumulative, not continuous). **Occasionally** means occurring from very little up to one-third of an 8-hour workday (cumulative, not continuous).

THOMPSON 060065

A. EXERTIONAL LIMITATIONS

☐ None established. (Proceed to section B.)

1. **Occasionally** lift and/or carry (including upward pulling) (maximum) - when less than one-third of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.
 - ☐ less than 10 pounds
 - ☐ 10 pounds
 - ☐ 20 pounds
 - ☒ 50 pounds
 - ☐ 100 pounds or more
2. **Frequently** lift and/or carry (including upward pulling) (maximum) - when less than two-thirds of the time or less than 10 pounds, explain the amount (time/pounds) in item 6.
 - ☐ less than 10 pounds
 - ☐ 10 pounds
 - ☒ 25 pounds
 - ☐ 50 pounds or more
3. Stand and/or walk (with normal breaks) for a total of -
 - ☐ less than 2 hours in an 8-hour workday
 - ☐ at least 2 hours in an 8-hour workday
 - ☒ about 6 hours in an 8-hour workday
 - ☐ medically required hand-held assistive device is necessary for ambulation
4. Sit (with normal breaks) for a total of -
 - ☐ less than about 6 hours in an 8-hour workday
 - ☒ about 6 hours in an 8-hour workday
 - ☐ must periodically alternate sitting and standing to relieve pain or discomfort. (If checked, explain in 6.)
5. Push and/or pull (including operation of hand and/or foot controls) -
 - ☒ unlimited, other than as shown for lift and/or carry
 - ☐ limited in **upper** extremities (describe nature and degree)
 - ☐ limited in **lower** extremities (describe nature and degree)

6. Explain how and why the evidence supports your conclusions in item 1 through 5. Cite the specific facts upon which your conclusions are based.

A 46 yr old M
 - c/o of S.O.B. - Hist. of asthma
 - x-ray 7/06 (N)
 - s/p bronchoscopy complicated with pneumothorax in 2000
 TX. & resolved. s/p bronchoscopy for ? foreign body 6/06
 - PFT done 7/06: normal FEV₁ 98% 3.85L not found
 FVC 4.7L

THOMPSON 060066

D91169

6. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II CVS: stress test done 8/04 exercised for
 9 min - 10.1 mets
 LVEF 58% - SPECT no ischemia (NS)

- MSK
 chronic lower back pain on narcotics for pain
 exam: 10/04 = very 10/03 mod. DJD L4-L5
 decreased ROM L-S spine - SLR weakly (+) on @
 exam: 9/06: pain c ROM of L-S spine SLR (-)
 - Restrict to medium work

B. POSTURAL LIMITATIONS

☒ None established. (Proceed to section C.)

	Frequently	Occasionally	Never
1. Climbing - ramp/stairs _____ - ladder/rope/scaffolds _____	☐	☐	☐
2. Balancing _____	☐	☐	☐
3. Stooping _____	☐	☐	☐
4. Kneeling _____	☐	☐	☐
5. Crouching _____	☐	☐	☐
6. Crawling _____	☐	☐	☐
7. When less than two-thirds of the time for frequently or less than one-third for occasionally, fully describe and explain. Also explain how and why the evidence supports your conclusions in items 1 through 6. Cite the specific facts upon which your conclusions are based.			

THOMPSON 060067

C. MANIPULATIVE LIMITATIONS

☒ None established. (Proceed to section D.)

LIMITED**UNLIMITED**

1. Reaching all directions (including overhead) _____	☐	☐
2. Handling (gross manipulation) _____	☐	☐
3. Fingering (fine manipulation) _____	☐	☐
4. Feeling (skin receptors) _____	☐	☐
5. Describe how the activities checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in item 1 through 4. Cite the specific facts upon which your conclusions are based.

D. VISUAL LIMITATIONS

☒ None established. (Proceed to section E.)

LIMITED**UNLIMITED**

1. Near acuity _____	☐	☐
2. Far acuity _____	☐	☐
3. Depth perception _____	☐	☐
4. Accommodation _____	☐	☐
5. Color vision _____	☐	☐
6. Field of vision _____	☐	☐
7. Describe how the faculties checked "limited" are impaired. Also explain how and why the evidence supports your conclusions it item 1 through 6. Cite the specific facts upon which your conclusions are based.

THOMPSON 060068

E. COMMUNICATIVE LIMITATIONS☒ None established. (Proceed to section F.)**LIMITED****UNLIMITED**

1. Hearing ☐ ☐
2. Speaking ☐ ☐
3. Describe how the faculties checked "limited" are impaired. Also, explain how and why the evidence supports your conclusions in items 1 and 2. Cite the specific facts upon which your conclusions are based.

F. ENVIRONMENTAL LIMITATIONS☐ None established. (Proceed to section II.)**UNLIMITED****AVOID
CONCENTRATED
EXPOSURE****AVOID EVEN
MODERATE
EXPOSURE****AVOID ALL
EXPOSURE**

1. Extreme cold	☐	☐	☐	☐
2. Extreme heat	☐	☐	☐	☐
3. Wetness	☐	☐	☐	☐
4. Humidity	☐	☐	☐	☐
5. Noise	☐	☐	☐	☐
6. Vibration	☐	☐	☐	☐
7. Fumes, odors, dusts, gases, poor ventilation, etc.	☐	☒	☐	☐
8. Hazards (machinery, heights, etc.)	☒	☐	☐	☐

9. Describe how these environmental factors impair activities and identify hazards to be avoided. Also, explain how and why the evidence supports your conclusions in items 1 through 8. Cite the specific facts upon which your conclusions are based.

S.O.B.
mild COPD - avoid #7

THOMPSON 060069

9. Continue (NOTE: MAKE ADDITIONAL COMMENTS IN SECTION IV)

II. SYMPTOMS

For symptoms alleged by the claimant to produce physical limitations, and for which the following have not previously been addressed in section I, discuss whether:

- A. The symptom(s) is attributable, in your judgment, to a medically determinable impairment.
- B. The severity or duration of the symptom(s), in your judgment, is disproportionate to the expected severity or expected duration on the basis of the claimant's medically determinable impairment(s).
- C. The severity of the symptom(s) and its alleged effect on function is consistent, in your judgment, with the total medical and nonmedical evidence, including statements by the claimant and others, observations regarding activities of daily living, and alterations of usual behavior or habits.

credible.

THOMPSON 060070

III. TREATING OR EXAMINING SOURCE STATEMENT(S)

A. Is a treating or examining source statement(s) regarding the claimant's physical capacities in file?

☒ Yes☐ No (Includes situations in which there was no source or when the source(s) did not provide a statement regarding the claimant's physical capacities.)

B. If yes, are there treating/examining source conclusions about the claimant's limitations or restrictions which are significantly different from your findings?

☒ Yes☐ No

C. If yes, explain why those conclusions are not supported by the evidence in file. (Cite the source's name and the statement date.)

- Dr. Glenn L. Scott note 9/20/04
 - That decision is not supported by
 the commission.

THOMPSON 060071

IV. ADDITIONAL COMMENTS:

MEDICAL CONSULTANT'S SIGNATURE: <i>Selam E. B. MD</i>	MEDICAL CONSULTANT'S CODE: <i>19</i>	DATE: <i>6/20/05</i>

Form SSA-4734-BK (1-1989) EF (02-2003) Page 8 *U.S. GPO: 2003-304-658/40167

THOMPSON 060072

PSYCHIATRIC REVIEW TECHNIQUE

Name WILLIAM MARK CASEY	SSN [REDACTED]
NH (If different from above)	SSN - -

I. MEDICAL SUMMARY

A. Assessment is from: _____ **to** 7/12/2005

B. Medical Disposition(s):

1. ☐ No Medically Determinable Impairment
2. ☐ Impairment(s) Not Severe
3. ☐ Impairment(s) Severe But Not Expected to Last 12 Months
4. ☐ Meets Listing _____ (Cite Listing)
5. ☐ Equals Listing _____ (Cite Listing)
6. ☒ RFC Assessment Necessary
7. ☐ Coexisting Nonmental Impairment(s) that Requires Referral to Another Medical Specialty
8. ☐ Insufficient Evidence

C. Category(ies) Upon Which the Medical Disposition is Based:

1. ☐ 12.02 Organic Mental Disorders
2. ☐ 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders
3. ☒ 12.04 Affective Disorders
4. ☐ 12.05 Mental Retardation
5. ☒ 12.06 Anxiety-Related Disorders
6. ☐ 12.07 Somatoform Disorders
7. ☐ 12.08 Personality Disorders
8. ☐ 12.09 Substance Addiction Disorders
9. ☐ 12.10 Autism and Other Pervasive Developmental Disorders

☒ These findings complete the medical portion of the disability determination.

MC/PC's Signature <i>Debra Price</i>	Date 07-12-2005
MC/PC's Printed Name Debra C. Price, Ph.D.	Code 38

Form SSA-2506-BK (06-2001) Destroy Prior Editions
ef (04-2004)

THOMPSON 060073

II.

DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER

A. 12.02 Organic Mental Disorders

☐ Psychological or behavioral abnormalities associated with a dysfunction of the brain ... as evidenced by at least one of the following:

1. ☐ Disorientation to time and place
2. ☐ Memory impairment
3. ☐ Perceptual or thinking disturbances
4. ☐ Change in personality
5. ☐ Disturbance in mood
6. ☐ Emotional lability and impairment in impulse control
7. ☐ Loss of measured intellectual ability of at least 15 IQ points from premorbid levels or overall impairment index clearly within the severely impaired range on neuropsychological testing, e.g., the Luria-Nebraska, Halstead-Reitan, etc.

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

B. 12.03 Schizophrenic, Paranoid and Other Psychotic Disorders

- ☐ Psychotic features and deterioration that are persistent (continuous or intermittent), as evidenced by at least one of the following:
1. ☐ Delusions or hallucinations
 2. ☐ Catatonic or other grossly disorganized behavior
 3. ☐ Incoherence, loosening of associations, illogical thinking, or poverty of content of speech if associated with one of the following:
 - a. ☐ Blunt affect, or
 - b. ☐ Flat affect, or
 - c. ☐ Inappropriate affect
 4. ☐ Emotional withdrawal and/or isolation
- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.
- Disorder _____
- Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

C. 12.04 Affective Disorders

☐ Disturbance of mood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one of the following:

1. ☐ Depressive syndrome characterized by at least four of the following:

- a. ☐ Anhedonia or pervasive loss of interest in almost all activities, or
- b. ☐ Appetite disturbance with change in weight, or
- c. ☐ Sleep disturbance, or
- d. ☐ Psychomotor agitation or retardation, or
- e. ☐ Decreased energy, or
- f. ☐ Feelings of guilt or worthlessness, or
- g. ☐ Difficulty concentrating or thinking, or
- h. ☐ Thoughts of suicide, or
- i. ☐ Hallucinations, delusions or paranoid thinking

2. ☐ Manic syndrome characterized by at least three of the following:

- a. ☐ Hyperactivity, or
- b. ☐ Pressures of speech, or
- c. ☐ Flight of ideas, or
- d. ☐ Inflated self-esteem, or
- e. ☐ Decreased need for sleep, or
- f. ☐ Easy distractibility, or
- g. ☐ Involvement in activities that have a high probability of painful consequences which are not recognized, or
- h. ☐ Hallucinations, delusions or paranoid thinking

3. ☐ Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)

☒ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above

Disorder MDD, single episode

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment (explain in Part IV, Consultant's Notes, if necessary):

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

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D. 12.05 Mental Retardation

- ☐ Significantly subaverage general intellectual functioning with deficits in adaptive functioning initially manifested during the developmental period; i.e., the evidence demonstrates or supports onset of the impairment before age 22, with one of the following:
1. ☐ Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing, or bathing) and inability to follow instructions such that the use of standardized measures of intellectual functioning is precluded*
 2. ☐ A valid verbal, performance, or full scale IQ of 59 or less*
 3. ☐ A valid verbal, performance, or full scale IQ of 60 through 70 and a physical or other mental impairment imposing an additional and significant work-related limitation of function*
 4. ☐ A valid verbal, performance, or full scale IQ of 60 through 70*
- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.
- Disorder _____
- Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

*NOTE: Items 1, 2, 3, and 4 correspond to listings 12.05A, 12.05B, 12.05C, and 12.05D, respectively.

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

E. 12.06 Anxiety-Related Disorders

☐ Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:

1. ☐ Generalized persistent anxiety accompanied by three of the following:
 - a. ☐ Motor tension, or
 - b. ☐ Autonomic hyperactivity, or
 - c. ☐ Apprehensive expectation,
 - d. ☐ Vigilance and scanning
2. ☐ A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
3. ☐ Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week
4. ☐ Recurrent obsessions or compulsions which are a source of marked distress
5. ☐ Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress

☒ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder Anxiety noted

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

F. 12.07 Somatoform Disorders

- ☐ Physical symptoms for which there are no demonstrable organic findings or known physiological mechanisms, as evidenced by at least one of the following:
1. ☐ A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and alter life patterns significantly
 2. ☐ Persistent nonorganic disturbance of one of the following:
 - a. ☐ Vision, or
 - b. ☐ Speech, or
 - c. ☐ Hearing, or
 - d. ☐ Use of a limb, or
 - e. ☐ Movement and its control (e.g., coordination disturbances, psychogenic seizures, akinesia, dyskinesia), or
 - f. ☐ Sensation (e.g., diminished or heightened)
 3. ☐ Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

G. 12.08 Personality Disorders

☐ Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:

1. ☐ Seclusiveness or autistic thinking
2. ☐ Pathologically inappropriate suspiciousness or hostility
3. ☐ Oddities of thought, perception, speech and behavior
4. ☐ Persistent disturbances of mood or affect
5. ☐ Pathological dependence, passivity, or aggressivity
6. ☐ Intense and unstable interpersonal relationships and impulsive and damaging behavior

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

H. 12.09 Substance Addiction Disorders

- ☐ Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.

If present, evaluate under one or more of the most closely applicable listings:

1. ☐ Listing 12.02-Organic mental disorders*
2. ☐ Listing 12.04-Affective disorders*
3. ☐ Listing 12.06-Anxiety-related disorders*
4. ☐ Listing 12.08-Personality disorders*
5. ☐ Listing 11.14-Peripheral neuropathies*
6. ☐ Listing 5.05-Liver damage*
7. ☐ Listing 5.04-Gastritis*
8. ☐ Listing 5.08-Pancreatitis*
9. ☐ Listing 11.02 or 11.03-Seizures*

- ☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

- ☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

*NOTE: Items 1,2,3,4,5,6,7,8, and 9 correspond to listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIA, IIC, IIE, or IIG of the form need be checked. The first block under the disorder heading in those subsections should not be checked, unless the evidence substantiates the presence of the disorder separate from the substance addiction disorder.

I. 12.10 Autistic Disorder and Other Pervasive Developmental Disorders

☐ Qualitative deficits in the development of reciprocal social interaction, in the development of verbal and nonverbal communication skills, and in imaginative activity. Often there is a markedly restricted repertoire of activities and interests, which frequently are stereotyped and repetitive.

1. ☐ Autistic disorder, with medically documented findings of all of the following:

- a. ☐ Qualitative deficits in reciprocal social interaction
- b. ☐ Qualitative deficits in verbal and nonverbal communication and in imaginative activity
- c. ☐ Markedly restricted repertoire of activities and interests

2. ☐ Other pervasive developmental disorders, with medically documented findings of both of the following:

- a. ☐ Qualitative deficits in reciprocal social interaction
- b. ☐ Qualitative deficits in verbal and nonverbal communication and in imaginative activity

☐ A medically determinable impairment is present that does not precisely satisfy the diagnostic criteria above.

Disorder _____

Pertinent symptoms, signs, and laboratory findings that substantiate the presence of this impairment:

☐ Insufficient evidence to substantiate the presence of the disorder (explain in Part IV, Consultant's Notes).

III. RATING OF FUNCTIONAL LIMITATIONS

A. "B" Criteria of the Listings

Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02-12.04, 12.06-12.08 and 12.10 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s).

NOTE: Item 4 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.

Specify the listing(s) (i.e., 12.02 through 12.10) under which the items below are being rated 12.04, 12.06

FUNCTIONAL LIMITATION	DEGREE OF LIMITATION					
	None	Mild	Moderate	Marked*	Extreme*	
1. Restriction of Activities of Daily Living	☐	☒	☐	☐	☐	Insufficient Evidence ☐
2. Difficulties in Maintaining Social Functioning	☐	☐	☒	☐	☐	Insufficient Evidence ☐
3. Difficulties in Maintaining Concentration, Persistence, or Pace	☐	☒	☐	☐	☐	Insufficient Evidence ☐
4. Episodes of Decompensation, Each of Extended Duration	None ☒		One or Two ☐	Three* ☐	Four* or More ☐	Insufficient Evidence ☐

*Degree of limitation that satisfies the functional criterion.

B. "C" Criteria of the Listings

1. Complete this section if 12.02 (Organic Mental), 12.03 (Schizophrenic, etc.), or 12.04 (Affective) applies and the requirements in paragraph B of the appropriate listing are not satisfied.

NOTE: Item 1 below is more than a measure of frequency and duration. See 12.00C4 and also read carefully the instructions for this section.

- ☐ Medically documented history of a chronic organic mental (12.02), schizophrenic, etc. (12.03), or affective (12.04) disorder of at least 2 years' duration that has caused more than a minimal limitation of ability to do any basic work activity, with symptoms or signs currently attenuated by medication or psychosocial support, and one of the following:

1. ☐ Repeated episodes of decompensation, each of extended duration
2. ☐ A residual disease process that has resulted in such marginal adjustment that even a minimal increase in mental demands or change in the environment would be predicted to cause the individual to decompensate
3. ☐ Current history of 1 or more years' inability to function outside a highly supportive living arrangement with an indication of continued need for such an arrangement.

☒ Evidence does not establish the presence of the "C" criteria

☐ Insufficient evidence to establish the presence of the "C" criteria (explain in Part IV, Consultant's Notes).

2. Complete this section if 12.06 (Anxiety-Related) applies and the requirements in paragraph B of listing 12.06 are not satisfied.

☐ Complete inability to function independently outside the area of one's home

☒ Evidence does not establish the presence of the "C" criterion

☐ Insufficient evidence to establish the presence of the "C" criterion (explain in Part IV, Consultant's Notes).

IV. CONSULTANT'S NOTES

Treating psychiatrist 11-04 to 5-05
5-05 feels dep and anx well controlled; c/o dec mem/conc - difficulty focusing on tasks
improvement - still room for improvement in mood (1-05)
no gross cog deficits

L56

meal prep affected by patience or energy - take out or simple foods; hh chores limited by physical; shops - doesn't like crowds; movies; reads Bible; drives; socially avoidant

Psych eval 6-05

V=100; P=91; FS=97; working memory index=106 (earlier school evals revealed higher IQ's)

Section 223 and section 1633 of the Social Security Act authorize the information requested on this form. The information provided will be used in making a decision on this claim. Completion of this form is mandatory in disability claims involving mental impairments. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and another agency.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 15 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

MENTAL RESIDUAL FUNCTIONAL CAPACITY ASSESSMENT

NAME WILLIAM MARK CASEY		SOCIAL SECURITY NUMBER [REDACTED]	
CATEGORIES (From 1C of the PRTF) 12.04 12.06		ASSESSMENT IS FOR: ☒ Current Evaluation ☐ 12 Months After Onset: ☐ Date Last Insured: _____ (Date) _____ (Date) ☐ Other: _____ (Date) to _____ (Date)	

I. SUMMARY CONCLUSIONS

This section is for recording summary conclusions derived from the evidence in file. Each mental activity is to be evaluated within the context of the individual's capacity to sustain that activity over a normal workday and workweek, on an ongoing basis. Detailed explanation of the degree of limitation for each category (A through D), as well as any other assessment information you deem appropriate, is to be recorded in Section III (Functional Capacity Assessment).

If rating category 5 is checked for any of the following items, you MUST specify in Section II the evidence that is needed to make the assessment. If you conclude that the record is so inadequately documented that no accurate functional capacity assessment can be made, indicate in Section II what development is necessary, but DO NOT COMPLETE SECTION III.

	Not Significantly Limited	Moderately Limited	Markedly Limited	No Evidence of Limitation in this Category	Not Ratable on Available Evidence
A. UNDERSTANDING AND MEMORY					
1. The ability to remember locations and work-like procedures.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
2. The ability to understand and remember very short and simple instructions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
3. The ability to understand and remember detailed instructions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
B. SUSTAINED CONCENTRATION AND PERSISTENCE					
4. The ability to carry out very short and simple instructions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
5. The ability to carry out detailed instructions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
6. The ability to maintain attention and concentration for extended periods.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
7. The ability to perform activities within a schedule, maintain regular attendance, and be punctual within customary tolerances.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
8. The ability to sustain an ordinary routine without special supervision.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
9. The ability to work in coordination with or proximity to others without being distracted by them.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
10. The ability to make simple work-related decisions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐

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	Not Significantly Limited	Moderately Limited	Markedly Limited	No Evidence of Limitation in this Category	Not Ratable on Available Evidence
Continued — <u>SUSTAINED CONCENTRATION AND PERSISTENCE</u>					
11. The ability to complete a normal work-day and workweek without interruptions from psychologically based symptoms and to perform at a consistent pace without an unreasonable number and length of rest periods.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
C. <u>SOCIAL INTERACTION</u>					
12. The ability to interact appropriately with the general public.	1. ☐	2. ☒	3. ☐	4. ☐	5. ☐
13. The ability to ask simple questions or request assistance.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
14. The ability to accept instructions and respond appropriately to criticism from supervisors.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
15. The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
16. The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
D. <u>ADAPTATION</u>					
17. The ability to respond appropriately to changes in the work setting.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
18. The ability to be aware of normal hazards and take appropriate precautions.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
19. The ability to travel in unfamiliar places	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐
20. The ability to set realistic goals or make plans independently of others.	1. ☒	2. ☐	3. ☐	4. ☐	5. ☐

II. REMARKS: If you checked box 5 for any of the preceding items or if any other documentation deficiencies were identified, you MUST specify what additional documentation is needed. Cite the item number(s), as well as any other specific deficiency, and indicate the development to be undertaken.

☐ Continued on Page 3

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☐ Continued on Page 4**III. FUNCTIONAL CAPACITY ASSESSMENT**

Record in this section the elaborations on the preceding capacities. Complete this section ONLY after the SUMMARYCONCLUSIONS section has been completed. Explain your summary conclusions in narrative form. Include any information which clarifies limitation or function. Be especially careful to explain conclusions that differ from those of treating medical sources or from the individual's allegations.

Claimant is capable of understanding and remembering simple instructions, as well as more complex instructions. Current IQ's are in the Average range. Claimant notes decreased memory but working memory score in 6-05 was 106.

He is able to carry out at least simple tasks for two hours at a time without special supervision, and would not have an unacceptable number of work absences due to psychiatric symptoms.

Claimant is able to relate appropriately to co-workers and supervisors but, due to social avoidance, he would be best suited for a work setting with limited public contact.

Claimant can adapt to workplace changes, and can recognize and avoid normal hazards. There is no evidence of significant impairment in ability to adapt to workplace changes.

Claimant's allegations are credible and are supported by the MER. While his symptoms are severe, they would not preclude him from carrying out basic work functions.

☐ Continued on Page 4

MEDICAL CONSULTANT'S SIGNATURE

Debra Price

Form SSA-4734-F4-SUP (9-2002) ef (04-2004)

3

DATE
07-12-2005

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Continuation Sheet - Indicate section(s) being continued.

Paperwork/Privacy Act Notice: The information requested on this form is authorized by Section 223 and Section 1633 of the Social Security Act. The information provided will be used in making a decision on this claim. Failure to complete this form may result in a delay in processing the claim. Information furnished on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to Social Security programs and to comply with federal laws requiring the exchange of information between Social Security and other agencies.

Paperwork Reduction Act: This information collection meets the requirements of 44 U.S.C. § 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 20 minutes to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

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MER Scan Cover Letter

473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0035801454D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 3d36

TDN: 0035801454

SLU

SCAN (3/04)

SCANNED INTO EF

THOMPSON 060091

VWA- 413-61 D41151
Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512



INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] 58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

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BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol – Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter–Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

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ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

THOMPSON 060094



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 2-17-05
Employee's Name: WILLIAM MARC CASEY
Address: 1000 WOODSUFF, SC, 29388
Date original medical leave of absence: 5-28-04
Expected date of return to work: POSSIBLY BY 4-11-05
Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)
DEMENTIA PROBABLY DUE TO ANEXIA (294.11)
Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GREEN-
VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYNABALTA
60 MG. Q.D. AND I HAVE BEEN PROVIDING INDIVIDUAL, BI-WEEKLY,
COGNITIVE PSYCHOTHERAPY.
JOSEPH G. GRACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C., 29303
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperative would be appreciated.

LCF/SP/FORMS/DIRECTLY.DOC

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MICHELIN

MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: 111 WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05) ^{ESTIMATE}

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER

SINGLE EPISODE (296.23), PANIC DISORDER WITH

AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

GREENVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SCRIBED CYMBALTOMA. Q.D. AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILATERAL, COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III, Ph.D.
LICENSIED PSYCHOLOGIST

Address: 853 NORTH CHURCH ST., SUITE 510

SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperative would be appreciated.

LCP/SP/FORME/DLEXTLV.DOC

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060096

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED]/58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

THOMPSON 060097

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 060098

MER Scan Cover Letter

473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0034168426D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: c8dc

TDN: 0034168426

SLU\

SCAN (3/04)

SCANNED INTO EF

THOMPSON 060099

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

February 15, 2005

JOSEPH G GRACE III MD
853 NORTH CHURCH STREET
SUITE 510
SPARTANBURG SC 29303

DR GRACE

RE: WILLIAM M CASEY
AKA:
ADD:
SSN: WOODRUFF SC 29388
DOB: [REDACTED] /58



Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
DRG/473

Claim No: D91109
L1 (1/04)
DMA: Y



THOMPSON 060100

6057

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#20100CP4205743

*Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
853 N. Church Street, Suite 510
Spartanburg, South Carolina 29303
(864) 560-1512*

INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED]/58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey
(10/17/66 – 06/08/77)
Wechsler Adult Intelligence Scale – 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

THOMPSON 060101

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol – Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter–Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

THOMPSON 060102

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

THOMPSON 060103



MICHELIN

MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

ATTENDING PHYSICIAN'S REPORT (FOR EXTENDED LEAVES OF ABSENCE)

Date: 2-17-05

Employee's Name: WILLIAM MARK CASEY

Address: WILLIAM CASEY, JR., WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: POSSIBLY BY 4-11-05

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)

DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GRAD-

VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYMBALTA
60 MG. Q.D. AND I HAVE BEEN PROVIDING INDIVIDUAL, BI-WEEKLY,
COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GARACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCP/SP/FORMS/DEPTLV.DOC

THOMPSON 060104



MICHELIN TIRE MANUFACTURING
 US-3 Facility Personnel
 Post Office Box 5049
 Spartanburg, SC 29304
 864-599-3157, Office
 864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
 (FOR EXTENDED LEAVES OF ABSENCE)**

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: 261 WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05)
ESTIMATE

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER,

SINGLE EPISODE (296.23), PANIC DISORDER WITH
AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

GREENVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SENTED CYMBALTAP. Q.D. AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILATERAL, COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III, Ph.D.
LICENSED PSYCHOLOGIST

Address: 853 NORTH CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/EP/FORMS/DIRECTV.DOC

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP42057A3

THOMPSON 060105

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] 58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

THOMPSON 060106

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 060107

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

May 31, 2005

PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607RE: WILLIAM M CASEY
AKA:
ADD: WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 58

ATTN: MEDICAL RECORDS

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 01/01/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? _____ YES _____ NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes _____ No _____

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

RWT W. Heston

Robert W. Heston, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
RHE/473Claim No: D91109
L1 (1/04)
DMA: Y

SCANNED INTO EF

p. 3

8646769765

Jun 02 2005 11:57AM HP LASERJET 3330

THOMPSON 060108

6065

Form Approved
OMB No. 0960-0623

WHOSE Records to be Disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN [REDACTED]	Birthday (mm/dd/yy) [REDACTED] 958	

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

*predomant psychiatric SVCS
11-04 to present*

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability, and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN

William M. Casey

(Parent/guardian sign here if two signatures required by State law) ☒

Date signed

Feb 8, 2005

Street Address

240 LIGHTWOOD FARM RD

Phone Number (with area code)
864 486 9131

City

WOODRUFF

State

SC

Zip

29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN

[Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 060109

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, May 16, 2005 10:26 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 06/02/2005 at 11:51 am.

SUBJECTIVE:

HPI:

He feels that depression and anxiety are well controlled. No medication s.e.

Memory is not good and concentration is poor. Has difficulty focusing on tasks.

OBJECTIVE:

Exams:

Affect is euthymic. No s.i.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Add Concerta 36 mg one qam.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT 9 is a registered trademark of the American Medical Association

P.S

8646769765

Jun 02 2005 11:58AM HP LASERJET 3330

THOMPSON 060110

6067

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Mon, Mar 14, 2005 10:56 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 06/02/2005 at 11:51 am.

SUBJECTIVE:

HPI:

"I believe it is definitely doing me good." "Less tense and less agitated." He thinks additional Cymbalta has really improved anxiety and depression. Stressors are about the same.

Some memory problems--he wonders if this is stress related or related to the Cymbalta.

OBJECTIVE:

Exams:

Affect is bright and relaxed.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 8 wks.

Monitor memory--if does not improve, consider changing Cymbalta or adding a stimulant or Aricept.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT is a registered trademark of the American Medical Association.

P. 6

8646769765

Jun 02 2005 11:58AM HP LASERJET 3330

THOMPSON 060111

6068

1 of 1

Casey, William M. [REDACTED]/1958

Office/Outpatient Visit

Visit Date: Mon, Jan 17, 2005 10:17 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 06/02/2005 at 11:51 am.

SUBJECTIVE:

HPI:

"Some really good days." But, room for improvement in mood. No medication s.e. No s.i.

OBJECTIVE:

Exams:

Affect is still down.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Increase Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs prn insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

CPT® is a registered trademark of the American Medical Association.

P. 7

8646769765

Jun 02 2005 11:58AM HP LASERJET 3330

THOMPSON 060112

6069

MER Scan Cover Letter

473/31

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0035663245D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 3184

TDN: 0035663245

SCAN (3/04)

014
SLU

SCANNED INTO EF

THOMPSON 060113

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

May 21, 2005

GLENN L SCOTT MD
200 DILLON CIRCLE
SPARTANBURG SC 29307RE: WILLIAM M CASEY
AKA:
ADD: WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 58

DR SCOTT

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 02/01/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? _____ YES _____ NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes _____ No _____

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORTENC: Release, Envelope
RHE/473Claim No: D91109
L1 (1/04)
DMA: Y

TDN: 0035663245

THOMPSON 060114

OMB No 0960-0523

WHOSE Records to be Disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY
SSN: [REDACTED]	Birthday (mm/dd/yy) [REDACTED] 1958	
SSA USE ONLY NUMBER HOLDER (If other than above)		
NAME		
SSN		

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

**** PLEASE READ THE ENTIRE FORM, BOTH PAGES, BEFORE SIGNING BELOW ****

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records; also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human immunodeficiency virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations, and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment, and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

THIS BOX TO BE COMPLETED BY SSA/DDS (as needed) Additional information to identify the subject (e.g., other names used), the specific source or the material to be disclosed:

Glenn L. Scott MP
2-104 JK / 108874

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"). Including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)

EXPIRES WHEN This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosure

IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)

SIGN ►

✓ William M. Casey

(Parent/guardian sign here if two signatures required by State law) ► ✓

Date signed

✓ Feb 8, 2005

Street Address

240 LIGHTWOOD FARM RD

Phone Number (with area code)
864 486 9131

City

WOODRUFF

State

SC

Zip

29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN ►

✓ [Signature]

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN ►

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"), 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 060115

- GLENN L. SCOTT, M. D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

William Casey
[REDACTED]

09-20-04 continued...

Page 2

raising is negative for acute nerve root irritation. Reflexes are 2+ and symmetrical at the knee and ankle. He has normal motor strength and normal sensation.

He has had previous x-rays done AP, lateral and spot of the lumbosacral junction. In addition, oblique x-rays were done today which showed some moderate degenerative changes in the facet joints at L4-5 and L5-S1. The disc spaces are fairly well maintained. Likewise, he had an MRI done on 10-31-03 at Mary Black. These films, as well as the radiologist's report, were reviewed. He has some moderate degenerative changes at L4-5 and L5-S1 with some mild bulging. There is no real lateralization, no herniation or direct nerve root compression. Arthritic changes in the facet joints are, again, noted.

IMPRESSION

Degenerative lumbar spine and disc disease.

I don't feel that these are advanced or acute changes, although certainly have the potential of gradual worsening with time. The condition has the potential to be aggravated or accelerated by strenuous and sustained activities, both occupationally and recreationally. In discussing his job at some length with him in the office today it does have strenuous aspects which potentially could be aggravating factors to his back. I don't see any reason why, at this point, he can't return to his regular job, but I feel it would be advisable for him to explore, with the company, different jobs that might become available that would be less demanding as far as his back is concerned. He currently is using nonsteroidal anti-inflammatory agents, is on a regular back exercise program and, at times, uses a back support and he was advised to continue with this program.

Glenn L. Scott, M.D.
GLS:km
cc: Patient

THOMPSON 060116

GLENN L. SCOTT, M. D.
200 DILLON CIRCLE
SPARTANBURG, SC 29307

Orthopaedic Surgery

Phone (864)582-3456
Fax (864)583-3579

NAME: William Casey

ADDRESS: 240 Lightwood Farm Rd
Woodruff, SC 29388

SSN: [REDACTED]

AGE: 45

TELEPHONE: 864-486-9131

DATE OF EXAM: 09-20-04

This 45 year old male patient was seen with complaints of chronic low back pain dating back to several years. He is an employee of Michelin Tire Corporation where he works on the production line. However, he has not worked since May 28. This has been for reasons other than his back, although he was advised to have his back evaluated prior to returning to work. He states that the job that he does is quite strenuous, that he works 12 hour shifts and he has a lot pushing, pulling and rotation type movements associated with his job. He has worked for Michelin for about 20 years. He states that his back pain is relatively constant, but worse when he first wakes up the a.m. He also has some pain in the anterior aspect of his chest. He has had an extensive evaluation for cardiac disease which, apparently, has been nonrevealing.

His complete medical history was documented and reviewed. He smokes about a quarter of a pack of cigarettes a day, drinks socially but not excessively. Other than mentioned above, his review of systems, medical and social history and family history are nonrevealing.

On exam, the patient is a well developed male. Weight 177. Blood pressure 102/74. Pulse 88. Head is normocephalic. Pupils are equal and reactive and extra ocular muscles are intact. He shows good range of motion without spasm or tenderness in the cervical spine. Also, motion is symmetrical from side to side. His upper extremities show good range of motion in the shoulders, elbows, wrists and hands. His muscular development is symmetrical and reflexes are symmetrical at the biceps, triceps and brachial radialis. He has good grip. His chest shows good expansion and contraction. There is no thoracic spasm or point tenderness. His heart has a regular rate and rhythm.

Exam of the lumbar spine, again, shows no visible or palpable sustained paravertebral spasm. He has a reversal of his lumbar curve as he flexes and extends. There is no list and his motions from side to side are symmetrical. He has some increased pain on hyper extension and at the end ranges of rotation. Straight leg

THOMPSON 060117

010503310001015

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

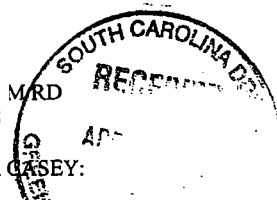
Disability Determination Services · Greenville Regional Office
 Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

February 15, 2005

WILLIAM M CASEY

WOODRUFF SC 29388

Dear WILLIAM MARK CASEY:



SSN: [REDACTED]

This refers to your application for disability benefits. The Social Security Administration has requested us to help determine whether your impairment is severe enough to prevent you from working. Before we can complete processing of your claim, we need additional information about your daily activities.

Please complete the enclosed form. Read the instructions carefully and answer all questions to the best of your ability. Sign and date the form on the last page and return it to this office in the enclosed envelope immediately.

Return this letter with the cover sheet as the **TOP** document with your form.

It is very important that you complete this form and return it to us in the enclosed envelope within 10 days. If you have any questions or need help completing this form, please call this office at the above number. If calling long distance, use the toll free 1-800 number.

Sincerely,

Robert W. Heaton, Disability Examiner

RHE/473

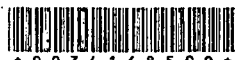
Claim No: D91109

Enclosure: ADL Questionnaire
 Envelope

cc:

L56 (4/04)

DMA: Y



TDN: 0034168509

ACS SCANNED

THOMPSON 060118

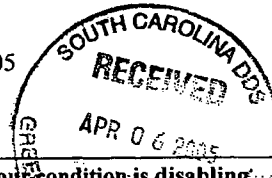
6075

DAILY ACTIVITIES QUESTIONNAIRE

Name: WILLIAM M CASEY

Date: February 15, 2005

SSN: [REDACTED]



INSTRUCTIONS: The answers to these questions will help us determine whether your condition is disabling within the meaning to the law. Please print, type, or write clearly. Answer all items to the best of your ability in the space provided. In your answers, please describe your activities and give specific examples where possible. If you need more space, use the "Additional Comments" section on page 4.

I. DAILY ACTIVITIES

PERSONAL ROUTINE

1. Does someone help you take care of your personal needs and grooming? ☐ Yes ☒ No
If "No", skip to question 2. If "Yes", answer a, b, c, & d, and question 2.
- (a) What kinds of help are you given? (For example: help with bathing, dressing, taking medicine, etc.)
lifting - yard work
- (b) How often is this help given? *weekly*
- (c) Was this help provided before your disabling condition began? ☐ Yes ☒ No
If "Yes", explain. *No*
- (d) Why do you need help now? *chest pain brought on by exertion*
2. Do you have problems sleeping? If "Yes", answer the following: ☒ Yes ☐ No
- (a) What time do you go to bed? *9-10 PM* (b) What time do you get up? *2-7 AM*
- (c) Do you take any medication to help you sleep? ☒ Yes ☐ No
If "Yes", what is it? *ambien 10 mg x 2*
- (d) Did you have problems sleeping before you became disabled? ☐ Yes ☒ No
If "No", describe changes in your sleeping habits since you became disabled.
As a swing shift worker, I have never had trouble sleeping at night or during daylight hours. I now have trouble sleeping anytime w/o meds

FOR OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE.

RHE\473

Claim No: D91109



* 0 0 5 4 1 6 8 5 0 9 *

TDN: 0034168509

XF56 (4/04)

DMA: Y

ACC SCANNED

THOMPSON 060119

010F03310.01015

2

Claim No: D91109

SSN: [REDACTED]

HOUSEHOLD MAINTENANCE

3. Describe where you live (For example: alone in an apartment, in home with your family, etc.)

IN home with my 21 yr old son TAAVIS

4. Have these living arrangements changed since your disabling condition began? ☒ Yes ☐ No
If "Yes", explain.

TAAVIS was away at college

5. Do you have any problems preparing meals? If "Yes", explain. ☒ Yes ☐ No

*eat
don't have patience or energy - so I take out
or sandwiches or frozen meals*

5. Have your eating habits changed since your disabling condition began? ☒ Yes ☐ No
If "Yes", explain.

*had much more desire to eat
my home cooked meals that I prepared*

7. Who does the housework in your place of residence? ☒ Self ☒ Others
If "self", what kind of housework do you do (for example: laundry, washing dishes, sweeping, mopping floors, etc.) and how often (for example: daily, weekly, etc.)?

*TAAVIS and I both do cleaning + mopping floors + vacuuming 1 time
a week and I wash clothes every other day*

8. Has there been any change in the amount of or kind of housework you do since your disabling condition began? If "Yes", explain. ☒ Yes ☐ No

*Don't dust or clean grout
or scrub tubs + showers or any chore that
might cause exertion (+ chest pains)*

9. Who handles the financial responsibilities for your household? ☒ Self ☒ Others
If "self", which responsibilities do you do (for example: paying rent, banking, paying gas and electric bills, etc.)?

*my sister has helped try to get through this time -
until I pay all bills - just not always on time*

10. Has there been any change in how financial responsibilities are handled since your disabling condition began? If "Yes", explain. ☒ Yes ☐ No

*my sister has helped with house payments
as my pay has been cut 1200 dollars a month*

THOMPSON 060120

Claim No: D91109

SSN: [REDACTED]

11. Who does the shopping for your household? ☒ Self ☐ Others
 If you do any of the shopping, describe the kind you do (for example: food, clothing, etc.) and how often you shop. *grocery store + drug store - only when necessary do I go to anywhere*

12. Has there been any change in your shopping since your disabling condition began? ☒ Yes ☐ No
don't want to be around crowds

RECREATIONAL ACTIVITIES AND HOBBIES

13. What kind (s) of hobby do you have? (For example: sewing, movies, woodworking etc.)
movies - reading Bible -

- (a) How much time do you spend in these activities? *daily - (2-6) hours*
 (b) Have there been any changes in your ability to engage in them since your disabling condition began? If "Yes", explain. *wed to golf 3-5 times a week* ☒ Yes ☐ No
now don't have desire to play -

II. SOCIAL CONTACTS

14. Do you visit or go out with friends or relatives? ☐ Yes ☒ No
 (a) If "No", did you visit or go out with them before your disabling condition began? ☒ Yes ☐ No
 (b) If "Yes", how often do you visit or go out with them? Describe a usual visit.
family dinners ~~weekly~~ monthly
friends occasionally
don't do anything unless I feel I have to
 15. Are you active in church, clubs, or other social group? ☐ Yes ☒ No
 (a) If "No", were active in these before your disabling condition began? ☒ Yes ☐ No
was very active at country club (golf)
 (b) If "Yes", describe the activities that you do. Include how often you do them.

THOMPSON 060121

Claim No: D91109

SSN: [REDACTED]

16. Do you drive a car? ☒ Yes ☐ No If "Yes", do you have problems driving? Explain. No	
17. If you take part in social activities, have there been any changes in your ability to participate since your disabling condition began? ☒ Yes ☐ No If "Yes", explain. <i>Mostly in golf - used to really enjoy friends & sunshine. Now, I'd rather be home and alone. Doctors are encouraging me to play more often (I've lost desire)</i>	
ADDITIONAL COMMENTS: Use this section for any additional information about your daily activities which you feel may be important to your disability claim: <i>I've had a radical life change, caused by an unnecessary operation that blew out my lung. Don't want to go near hospital & don't want to over-exert which brings on chest pains. Losing my house now up for sale because I've been out of work & my pay is down to about 60% of what I was making. Used to be very outgoing - now want to just stay home. Used to could work 12 hour night shift play golf - then work 12 hr night shift again - don't have energy or desire anymore</i>	
Signature of Claimant or Person on the Claimant's behalf <i>William Mark Casey</i>	Date (month, day, year) <i>March 22, 2005</i>
Did someone help you complete this form? If "Yes", who helped you? ☐ Yes ☒ No (Give name and relationship)	
DO NOT WRITE BELOW THIS LINE	
Information obtained from claimant by: ____ Telephone ____ Mail	Form Supplemented by: Telephone contact of _____
Examiner Signature XF56 (4/04)	Date

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

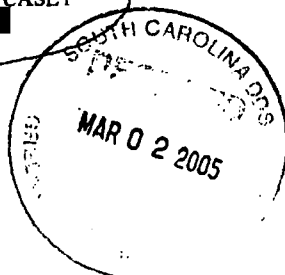
THOMPSON 060122

Request sent to:

SPARTANBURG REG MEDICAL CENTER
101 EAST WOOD STREET
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
SSN: [REDACTED]

020502200001021



RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

Mail/Bill

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



*SDS
2/21/05*

RQID: 0034168468D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: d4fe

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168468

ACS SCANNED

THOMPSON 060123

TIME: 1003

ABSTRACT Summary Form

REPORT: LEADS

020592180001021

Patient: CASEY, WILLIAM

Address:

DOB: 11/58

Fin Class: MANAGED CARE

WOODRUFF

Sex: MALE

Ins. Plan: BLUE CROSS OF SC PPC

SC, 293887600

SS#: [REDACTED]

Guarantor: SELF

Phone #: ()

Adm Date: 06/03/04

Adm Source: 1 PHYSICIAN REFERRA

Acct. #: 0415400048

Adm Time: 16:47

Adm Type: 3 ELECTIVE

Unit. #: 000146220

Dis Date: 06/06/04

Trans From:

Pt. Type: INPATIENT

Dis Time: 14:28

Service: SURGERY

Trans To:

LOS: 3

Dis Status: A-HOME DISCHARGE

Coder: GP

Admitting DR: FELDMAN, GREGORY

Referring DR: FELDMAN, GREGORY

Attending DR: FELDMAN, GREGORY

Discharge DR: FELDMAN, GREGORY

ER Physician:

Primary DR:

DRG: 102 OTHER RESPIRATORY SYSTEM DIAGNOSES WITHOUT CC

Admit Diagnosis: 933.0

FOREIGN BODY IN PHARYNX

Principal Diagnosis: 748.60

LUNG ANOMALY NOS

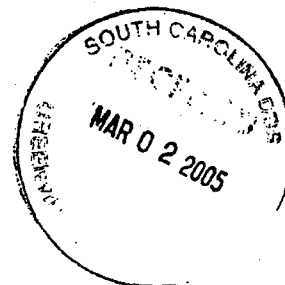
Secondary Diagnoses:

998.81 EMPHYSEMA RESULT FRM PROC

716.90 ARTHROPATHY NOS-UNSPEC

272.0 PURE HYPERCHOLESTEROLEM

5.1 TOBACCO USE DISORDER



Principal Procedure:

32.01 ENDOSC DESTRUC BRONC LES

Date:

06/03/04

Primary Surgeon:

FELDMAN, GREGORY

Secondary Procedures:

33.24 CLOSED BRONCHIAL BIOPSY

06/03/04

FELDMAN, GREGORY

34.09 OTHER PLEURAL INCISION

06/03/04

NGUYENDUY, TUAN

Consultants:

NGUYENDUY, TUAN

Date:

06/04/04

Specialty:

CARDIOLOGY

End of Report

PRINTED BY: AA81994

DATE 2/21/2005

ACS SCANNED

THOMPSON 060124

020502280001011

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED] 1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 415400048

ADMISSION DATE: 06/03/2004 DISCHARGE DATE: 06/06/2004

ATTENDING PHYSICIAN: FELDMAN, GREGORY

FINAL DIAGNOSES:

1. Status post recent bronchoscopy with laser for abnormal appearing airway, on flexible bronchoscopy suspected foreign body.
2. Complication of the procedure was pneumomediastinum and pneumothorax requiring chest tube insertion by Dr. Nguyenduy.
3. Asthma and heavy smoking.
4. Disabling back pain with a bulging disk and arthritis, long.

PLAN: The patient is discharged home on prednisone 20 mg q.d., Percocet 1-2 pills t.i.d. p.r.n. The patient will be seen in my office within a week. Diet and activity as tolerated.

HOSPITAL COURSE: This is a patient who underwent initial bronchoscopy by Dr. Boscia with finding of a quite irritated, blistered airway. Corresponding chest x-ray appeared to be missing dental material. The patient underwent bronchoscopy for assumption of airway caused by retained foreign body. It appeared to be that there was granulation tissue; however, after laser was applied it became apparent that instead of a normal airway, it is a pouch and procedure terminated with no foreign body recovered. The patient tolerated the procedure well; however, in recovery the patient suddenly developed subacute emphysema and x-ray revealed pneumomediastinum with pneumothorax on the left side. A small chest tube was inserted. The patient was kept on the respiratory overnight. His subcu air has subsided remarkably. The patient felt much, much improved. He was extubated and transferred to the floor. Repeat chest x-ray showed pneumothoraces on both right and left but unchanged in size and small at the time of discharge. The patient felt good with no complaints and was discharged home. We will assess in my office within the next two days. The patient has been instructed if he develops fever or increased subcu air or shortness of breath immediately to come back to see me.

DICTATED BY: GREGORY FELDMAN, M.D.

D: 06/07/2004 09:28:57

T: 06/11/2004 08:24:49/bt

63523/67665

CC:

TJAN NGUYENDUY, M.D., Consulting Physician

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 060125

020502280001021

88END

Authenticated by Gregory Feldman, M. D. On 6/19/04 10:26:38 AM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060126

010512280001921

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303**CONSULT**

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED] 1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room

CONSULT
CASEY, WILLIAM
146220

Page 1 of 2

*LUC - [unclear]
FR 21/2005*

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DATE 2/21/2005

THOMPSON 060127

020502280001021

will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

DICTATED BY: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

cc: ANDRAS KOSER, M.D., Admitting Physician

2 cc
CSF₂
D
rigid
Bronchoscopy
proceeding
very excellent
(for about
bleeding
premedication
cases



CONSULT
CASEY, WILLIAM
146220

Page 2 of 2

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DATE 2/21/2005

THOMPSON 060128

020502180001021

OP REPORTS

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

PROCEDURE DATE: 6/3/04

ACCOUNT NUMBER: 415400048

ROOM:

ICU

PROCEDURE PERFORMED: Rigid bronchoscopy with laser bronch.

ENDOSCOPIST: Dr. Feldman.

INDICATIONS FOR PROCEDURE: 45 year old had been worked up by Dr. Paladugu and my partner, Dr. Boscia, with the finding of abnormal granulation tissue and abnormal subsegment in the left upper lobe corresponding to what appeared to be a crown foreign body on chest x-ray. The patient is now undergoing procedure in attempt to removal of chest x-ray abnormality suggestive of a crown; the patient does have a history of a missing crown.

After general anesthesia was induced, the patient was intubated with a rigid bronchoscope, size 16, without any difficulty. Careful inspection of the tracheobronchial tree was undertaken. The entire tracheobronchial tree was examined, there was no finding of a foreign body, however, a quite abnormal subsegment in the left upper lobe which appeared to be a pouch/granulation tissue has been identified. Laser of the area has been done with 45 watts over a 2-second period. Granulation tissue has been vaporized with the appearance of what appeared to be crown lying on the surface. With using 35 watts energy of the laser, there was no possibility of removal of the crown because it was deeply imbedded, and laser energy was applied to the center of the crown and it has been vaporized. However, below the surface there has been no further foreign body seen. The assumption was made that the entire crown other than on the surface had been vaporized, and attempt to pull it with a biopsy forceps and passage of the basket was unsuccessful. The washings were done of the area, and the procedure was terminated. The patient was extubated in recovery.

Although the patient did quite well during the procedure, he suddenly developed considerable pneumomediastinum and having immediately arrived to the bedside, Dr. Nguyenduy's consultation has been obtained. The decision was done by Dr. Nguyenduy and myself to place a chest tube, because of the impossibility to rule out pneumothorax, however, chest x-ray does not show pneumothorax, there is no foreign body seen, and also endotracheal tube is in good position. The patient was intubated by Anesthesia prior to that.

IMPRESSION: It is unclear to me at this point whether the laser went through the cartilage, and since I have not identified or pulled the crown itself, if in fact there was a crown it has been vaporized and is no longer seen on x-ray. At this point the patient will transfer to the ICU,

DATE 2/21/2005

THOMPSON 060129

020502289001021

antibiotics will be administered for disruption of the bronchus and pneumomediastinum. This will be followed by CT surgery and certainly if air leak into the pneumomediastinum would not stop, surgical intervention will be required. Hopefully this can be avoided by conservative management, but it is uncertain to me at this time whether the crown was vaporized or essentially the laser went through the highly abnormal area of the lung suggestive of closed congenital pouch rather than a foreign body, and significant irritation from previous bronchoscopy.

DICTATED BY: GREGORY FELDMAN, M.D.

D:06/03/2004 16:02:26
T:06/03/2004 16:44:07/1b
67504/64298

cc:

OP REPORTS Page 2 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.<END FOOTER>

##END

Authenticated by Gregory Feldman, M. D. On 6/04/04 2:35:35 PM

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 060130

910502180001021

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
 DOB: [REDACTED]/1958
 MEDICAL RECORD #: 146220
 PROCEDURE DATE: 06/03/2004
 ACCOUNT NUMBER: 415400048
 ROOM:

PREOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax.
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

POSTOPERATIVE DIAGNOSES:

1. Possible left tension pneumothorax,
2. Bronchial trauma status post rigid bronchoscopy and laser therapy.
3. Cigarette smoking.
4. Dyslipidemia.

PROCEDURE: Emergency placement of a left thoracostomy tube.

SURGEON: Dr. Nguyenduy.

ANESTHESIA: IV narcotics.

INDICATIONS: The patient is a 45-year-old white male who is status post a rigid bronchoscopy for possible foreign body aspiration and postoperatively in the recovery room he developed subcutaneous emphysema and respiratory distress requiring insertion of endotracheal tube. He then became stable and concern of a left pneumothorax because of his subacute emphysema. Was asked to put in an emergency left thoracostomy tube.

PROCEDURE IN DETAIL: This is happening in the recovery room.

The patient was in the supine position, intubated and ventilated on the respirator. The left chest was scrubbed and painted with Betadine solution. A 3 cm incision was made at the x-ray line that is just above the 2nd intercostal space. A quick dissection was carried through with subcutaneous tissue to the muscle using the Metzenbaum scissors down to the intercostal space. Then using a Kelly clamp, the left pleural space was entered without any problems. Digital examination was performed and the lung was mobile and free from any adhesions at the site of entry. A 32 French trocar was inserted in the left pleural space without any problems with good air return which fogged the chest tube. The chest tube was anchored and stayed with 2-0 Prolene mattress sutures. The chest tube was then connected to collecting unit and placed on -20 cm water continuous wall suction.

Postprocedure chest x-ray was obtained and showed that the tube is in good vision in left pleural space with extensive

DATE 2/21/2005

THOMPSON 060131

010502280001021

subacute and some continuous emphysema.

DICTATED BY: TUAN NGUYENDUY, M.D.

D:06/03/2004 18:40:28
T:06/09/2004 06:07:50/abi
67596/66415

CC:
GREGORY FELDMAN, M.D., Admitting Physician

OF REPORTS Page 2 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.<END FOOTER>

##END
Authenticated and Edited by Tuan Nguyencuy, M.D. On 6/14/04 2:02:37 AM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060132

020502280001021

 * SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE *
 * 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29303-3072/864-560-6212 *
 * DR. DAVIS, LOWRY, WREN, NELSON, RAINIER, LARHAM, NIMS, CALDWELL, T. BURKS *

 CASEY WILLIAM MR#: (0001)00014-62-20 Fin.No.:0415400040 Admitted: 03JUN04
 45 YRS MALE DOB: [REDACTED] 1958 Office Id: Page: 1
 Dr. FELDMAN GREGORY J. CUMULATIVE Printed: 04JUN04
 Location: ICU ICU -01 ICU FOREIGN BODY IN HEARTNK 0448

 + C H E M I S T R Y +

-----ARTERIAL BLOOD GASES-----

Procedure:	PH	PCO2	PO2	ECO3	TOT CO2	O2 SAT	B.E.I-STAT
Ref Range:	(7.35-7.45)	(35-45)	(80-100)	(22-26)	(23-27)	(95-100)	(-02-+03)
Units:		mm/Hg	mm/Hg	MMOL/L	MMOL/L	%	MMOL/L
03JUN04 1749	7.42	41	120 H	27 H	28 H	99	002
ABG NOTES..... Operator:23910; ; FIO2=45; ART; R Radial; Allen's Test Not Acceptable; Vent tilator; SIMV\T\PS; Rate=22; PS=205; TV=500; PEEP							
04JUN04 0345	7.43	42	108 H	28 H	29 H	98	003
ABG NOTES..... Operator:23571; ; FIO2=45; ART; L Radial; Allen's Test Acceptable; Ventilator; SIMV\T\PS; Rate=22; PS=205; TV=500; PEEP							

IV 02FEB01 -- Current)
 REFERENCE RANGES APPLY TO ARTERIAL AND CAPILLARY SPECIMENS ONLY.
 PC 02MAR04 -- Current)
 AS A RULE, CAPILLARY SAMPLES DO NOT CORRELATE WITH ARTERIAL SAMPLES FOR THIS
 ANALYTE.

Symbols:
 H - High

PRINTED BY: AAS1994
 DATE 2/21/2005

THOMPSON 060133

SPARTANBURG REGIONAL MEDICAL CENTER 80001021
Radiology Report

NAME: CASEY, WILLIAM

UNIT #: 000146220

ORDERING PHYSICIAN: NGUYENDUY TUAN N

CI#: 1220735

LOC: 4T-426-A

DOB: [REDACTED]/58

AN#: S0415400048

Pt. Type: TP

Exam

50268 XR ABDOMEN P**
74000

Date: 06/04/04 1640

Ord Diag: OTHER- Type Dx. Code in Commen** Portal

Portable KUB

Indication: Foreign body

No definite radiopaque foreign body is present. The bowel gas pattern is unremarkable.

Impression: Negative KUB -- no definite radiopaque foreign body.

Read By: Neil H Parnes, M.D.

Released By: Neil H Parnes, M.D.

EH

FINAL

** Portable **

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 060134

SPARTANBURG REGIONAL MEDICAL CENTER 280001021
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: ICU-ICU-01
Pt. Type: TP
UNIT #: 000146220
CI#: 1219992
AN#: S0415400048
DOB: [REDACTED]/58

Exam
50354 XR CHEST P**
71010

Date: 06/03/04 1434
Ord Diag: 993.0-BAROTRAUMA, OTITIC

AP portable chest x-ray 6/3/04 at 1437 hours:

Indication: 45-year-old male with respiratory difficulty. Endotracheal tube placement.

Comparison: Not available.

Findings: An endotracheal tube is in place, its tip at the level of the medial clavicles. A small apical left pneumothorax collection is present. There are soft tissue emphysema changes at the supraclavicular levels as well as the superior mediastinum. Lungs are hypoinflated, with uplifting and widening of the likely baseline enlarged cardiac silhouette.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

EH

FINAL

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060135

SPARTANBURG REGIONAL MEDICAL CENTER 2 2 0 0 1 1 1 1
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: ICU-ICU-01 DOB: [REDACTED] 58
Pt. Type: TP

UNIT #: 000146220
CI#: 1220005
AN#: S0415400048

Exam
50354 XR CHEST P**
71010

Date: 06/03/04 1447
Ord Diag: 933.0-FOREIGN BODY IN PHARYNX** Portab.

AP portable chest x-ray 6/3/04 at 1458 hours:

Indication: 45-year-old male with barotrauma. Follow-up chest tube placement.

Comparison of earlier this afternoon.

Findings: Since the earlier examination, a left-sided chest tube has been placed. The small apical pneumothorax collection of the prior examination appears diminished in the interval. Note made of a proximate, likely old, healed mid clavicle fracture. Lungs hypoinflated. Since the earlier examination, there has been an advancement in soft tissue emphysema changes, which now can be found at the soft tissues of both lateral hemithoraces as well as supraclavicular levels. There are streaks of air at the superior mediastinum of continuing mediastinal air is well. No significant interval change attains otherwise.

Read By: DAVID A KALLMAN, M.D.
Released By: DAVID A KALLMAN, M.D.

EH

FINAL

** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060136

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: ICU-ICU-01
Pt. Type: TP

UNIT #: 000146220
CI#: 1221090
AN#: S0415400048

Exam
50354 XR CHEST P**
7/1010

Date: 06/05/04 1053
Ord Diag: OTHER- Type Dx. Code in Commen** Portal

Portable chest

June 5, 2004

1124 hours

History: Foreign body in the pharynx

Comparison: June 3, 2004

Findings: Endotracheal tube and left chest tube have been removed.
Small medial left pneumothorax is seen. Small left apical pneumothorax
is also noted.

Pneumothorax is now identified in the right apex with 2.8 cm separate
lung edge from edge of chest wall.

Subcutaneous air remains in the neck and chest wall. Plate-like
atelectasis is seen in the left medial lung.

Impression: Endotracheal tube and left chest tube removed.
Bilateral pneumothoraces identified, slightly larger on the right.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

n

FINAL

** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060137

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: 4T-426-A DOB: [REDACTED] 58
Pt. Type: IP

UNIT #: 000146220
CI#: 1221183
AN#: S0415400048

Exam
50354 XR CHEST P**
71010

Date: 06/05/04 1628
Ord Diag: OTHER- Type Dx. Code in Commen** Portat

Portable chest

June 5, 2004

1632 hours

History: Follow-up pneumothorax

Comparison: Examination earlier today.

Findings: Pneumothorax on the right appears unchanged from the study earlier today. There is no evidence for tension. Small pneumothorax on the left side also appears smaller. Air is identified in the apical and medial pleural space.

Subcutaneous air in the right chest wall appears unchanged.

Impression: Bilateral pneumothoraces appear unchanged from an examination earlier today.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

EH

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** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060138

SPARTANBURG REGIONAL MEDICAL CENTER 00001021
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: FELDMAN, GREGORY

LOC: DIS

Pt. Type: TP

DOB: [REDACTED] /58

UNIT #: 000146220

CI#: 1221090

AN#: S0415400048

Exam

50354 XR CHEST P**
/1010

Date: 06/05/04 1053

Ord Diag: OTHER- Type Dx. Code in Commen** Portat

Portable chest

June 5, 2004

1124 hours

History: Foreign body in the pharynx

Comparison: June 3, 2004

Findings: Endotracheal tube and left chest tube have been removed.
Small medial left pneumothorax is seen. Small left apical pneumothorax
is also noted.

Pneumothorax is now identified in the right apex with 2.8 cm separate
lung edge from edge of chest wall.

Subcutaneous air remains in the neck and chest wall. Plate-like
atelectasis is seen in the left medial lung.

Impression: Endotracheal tube and left chest tube removed.
Bilateral pneumothoraces identified, slightly larger on the right.

Read By: Joseph Kavanagh, M.D.

Released By: Joseph Kavanagh, M.D.

n

FINAL DUPLICATE ** Portable **

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 060139

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: FELDMAN, GREGORY
LOC: DIS DOB: [REDACTED]/58
Pt. Type: TP

UNIT #: 000146220
CI#: 1221417
AN#: S0415400048

Exam

50342 XR CHEST PA AND LATERAL
71020

Date: 06/06/04 1248

Ord Diag: Foreign Body In Larynx 933.1

PA and lateral chest

June 6, 2004

Comparison: Previous day

Findings: Bilateral pneumothoraces again seen and appear unchanged from yesterday. Subsegmental atelectasis is noted in the lung bases. Subcutaneous air is noted in the neck.

Impression: Bilateral pneumothoraces appear similar in size compared to the previous day.

Read By: Joseph Kavanagh, M.D.
Released By: Joseph Kavanagh, M.D.

EH

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DATE 2/21/2005

THOMPSON 060140

020502780001021

Printed By: AA81994

Pages: 20 (including banner)

HORIZON PATIENT FOLDER PRINT REQUEST.
All Information Confidential.

Comments:

THOMPSON 060141

Time: 1724

Abstract Summary Form

Report: EPABFS

Patient: CASEY, WILLIAM

Address: 2

DOB: [REDACTED]/58

Fin Class: MANAGED CARE

WOODRUFF

Sex: MALE

Ins. Plan: BLUE CROSS OF SC PPC

SC, 293887600

SS#: [REDACTED]

Guarantor: SELF

Phone #:

Adm Date: 05/28/04

Adm Source: 7 EMERGENCY DEPT

Acct. #: 0414900306

Adm Time: 13:25

Adm Type: 1 EMERGENCY

Unit. #: 000146220

Dis Date: 05/29/04

Trans From:

Pt. Type: INPATIENT

Dis Time: 15:24

Service: INTERNAL MEDICINE

Trans To:

LOS: 1

Dis Status: A-HOME DISCHARGE

Coder: PBW

Admitting DR: KOSER, ANDRAS

Referring DR: KOSER, ANDRAS

Attending DR: KOSER, ANDRAS

Discharge DR: KOSER, ANDRAS

ER Physician:

Primary DR:

DRG: 102 OTHER RESP DX, W0 CC MED

Admit Diagnosis: 786.50 CHEST PAIN NOS

Principal Diagnosis: 934.1 FOREIGN BODY BRONCHUS

Secondary Diagnoses:

272.0 PURE HYPERCHOLESTEROLEM

401.9 HYPERTENSION NOS

305.1 TOBACCO USE DISORDER

721.5 FB ENTERING OTH ORIFICE

49.9 ACCIDENT IN PLACE NOS

Principal Procedure:

98.15 REMOV INTRALUM TRACH FB

Secondary Procedures:

Date:

05/28/04

Primary Surgeon:

KOSER, ANDRAS

Consultants:

Date:

Specialty:

End of Report

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 060142

201003210001921

DISCHARGE SUMMARY

PATIENT NAME: CASEY, WILLIAM

DOB: [REDACTED]/1958

MEDICAL RECORD #: 146220

ACCOUNT NUMBER: 414900306

ADMISSION DATE: 05/28/2004 DISCHARGE DATE: 05/29/2004

ATTENDING PHYSICIAN: KOSER, ANDRAS

PRESENTATION AND HOSPITAL COURSE: This 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disc, history of arthritis, who apparently has been having vague chest discomfort every time when he goes to work. The patient came in because of tightness that went straight to the back according to the emergency room physician; however, upon the workup the patient was found to have a left main bronchus containing some foreign body that was metallic in nature. It looks like a screw. It could have been dental filling. The patient was seen in consultation with Dr. Feldman who asked Dr. Boscia to do fiberoptic bronchoscopy and take a look inside and see if he can get it out. Apparently the area was quite difficult to get to. Some bleeding was visualized on the left main bronchus and then tried to dig it out but couldn't find any piece of metal and, hence, he did not do it. The patient was to undergo rigid bronchoscopy a week or two weeks later in Dr. Feldman's office. We feel at this time that the patient does not need any further inpatient stay.

DISCHARGE DIAGNOSES:

1. Noncardiac chest pain.
2. Metallic foreign body in the left main bronchus.
3. Elevated cholesterol.
4. White coat hypertension.

DISCHARGE MEDICATIONS:

1. Lipitor 10 mg p.o. q.d.

DISCHARGE DISPOSITION: The patient is going home.

FOLLOW UP: The patient will follow up with Dr. Gonda in one week.

DICTATED BY: RAJA PALADUGU, M.D.

D:05/29/2004 14:35:42

T:06/03/2004 08:31:40/bt

65743/64000

cc:

ANDRAS KOSER, M.D., Admitting Physician

PRINTED BY: AA81994

88END

Authenticated by Raja Paladugu, M.D. On 6/03/04 3:37:13 PM

THOMPSON 060143


SPARTANBURG
 Regional Healthcare System

☐ SRMC ☐ SHRC ☐ BJW

MD ORDER TIME		#1	#2	#3	ICD 9 DX CODE	
B L O O D	CBC	auto	man	_____	ETOH	_____
	BMP	_____	_____	_____	ASA	_____
	CMP	_____	_____	_____	Tylenol	_____
	CKMB / Troponin	_____	_____	_____	Digoxin	_____
	Lipase / Amylase	_____	_____	_____	Lithium	_____
	PT/PTT	_____	_____	_____	Theoph	_____
	BHCG	qt	qnt	_____	Dilantin	_____
	Group RH	_____	_____	_____	Dopakote	_____
	T & S	_____	_____	_____	Tegretol	_____
	T & C: 1 2 3 4	_____	_____	_____	Phenob	_____
U R I N	UA	cc	cath	c&s	_____	_____
	UCG	_____	_____	_____	GC/Chlamydia	_____
	UDS	_____	_____	_____	Wat Prep	_____
	_____	_____	_____	_____	EKG	_____
				ABG	RA 2L 100%	_____
				HHN	1 2 cont	_____
						CXR- pa/lat port
						Ahd 2vaw KUB
						Spine C T L
						Shoulder L R
						Elbow L R
						Wrist L R
						Hand L R
						Pelvis
						Hip L R
						Knee L R
						Ankle L R
						Foot L R
						US GB Abd Pelvis
						CT Head Face Abd Pelvis
						DOP w/ pri L R UE LE
ORDERS						
CONSULTANT						
1st 2nd 3rd						
1						
2						
3						
ASSESSMENT ☐ Dictated						
MEDS & INTERVENTION						
NURSE/TECH						
TIME						
STAFF ALERT						
CP Pathways						
D Fore Body (1) Main						
BRONCHUS						
D KPN						
D Tchol						
Dx chest pain. Admit MD						
Boi						
ED Physician						
Resident / NP / PA						
Consultant / PMD						
P	ACCIDENT NO	ADMISSION DATE / TIME	IC	DATE OF BIRTH	AGE	SEX
A	5 0414900306	05/28/04 0950	SP	58	45Y	M
T	ADMITTING DOCTOR	ATTENDING DOCTOR	ACCIDENT WORK RELATED	ACCIDENT DATE / TIME	ADM TYPE / SOURCE	
E	PHYSICIANS, ED	PHYSICIANS, ED	NO		1 7	
N	PATIENT INFORMATION	PATIENT EMPLOYER				
T	CASEY, WILLIAM	MICHELIN TIRE				
	240 LIGHTWOOD FARM ROAD	PO BOX 5040				
	WOODRUFF SC 29389	SC 29304				
		476-9100				

EDS

THOMPSON 060144

33 Chest Pain

DATE: 5/18 TIME: 9:50 ROOM: _____ LEMS: Armed

HISTORIAN: Convent paramedic translator other _____

AGE: _____ M / F _____

History limited by _____

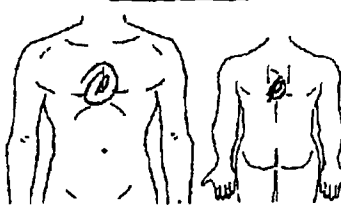
HPI
chief complaint: Chest pain discomfort

duration / started: Several days

Timing: constant waxing & waning
☐ constant intermittent episodes lasting
☐ gone now lasted worse/persistent since
☐ resolved on arrival in ED

quality: pressure tightness indigestion burning dull like prior MI sharp stabbing "pain" "numbness"

Location of pain:



R/L lateral / precordial / substernal

radiation: none diagrammed above

associated symptoms:
causes shortness of breath
vomiting sweating

modifying factors:
worsened by relieved by CHC (T2) 3
change in position sitting up patient's own supply
deep breaths / turning rest given by paramedics
nothing nothing relief none / partial / complete / transient
nothing nothing ASA by paramedics/EMS
nothing nothing Oxygen NRB L

context:
onset during severity:
sleep rest light activity maximum (1-10)
mod / heavy exertion mild moderate severe
emotional upset when seen in ED (1-10)
cannot recall gone almost gone mild moderate severe
residual discomfort in arr. (L/R)

Similar symptoms previously _____

Recently seen/treated by doctor: AKO Chambers Dr. J. J. Long

PRINTED: 5/18/17

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Spartanburg Regional Healthcare System
EMERGENCY PHYSICIAN RECORD

☐ Agree w/ nurse's note for PFSH / ROS

ROS
☒ ROS below otherwise negative
 CHEST-CONST
 fever _____
 chills _____
 cough _____
 sputum _____
 ankle swelling _____
 calf / leg pain _____

NEURO
 headache _____
 blackouts _____
 EYESENT
 blurred vision _____
 sore throat _____
 GI and GU
 abdominal pain _____
 black / bloody stools _____
 problems urinating _____

FEMALE REPRODUCTIVE
 LMP _____
 vaginal discharge _____
 abnormal bleeding _____
 denies pregnancy _____

SKIN & LYMPH & MS
 skin rash _____
 joint pain _____
 swollen glands _____

PAST HISTORY Prior records ordered / reviewed ☐ Tetanus UTD
 * = All risk factors
 * high blood pressure _____
 * diabetes insulin / oral / diet _____
 * high cholesterol family _____
 * heart disease _____
 heart attack (MI) _____
 angina / heart failure _____

emphysema _____
 collapsed lung _____
 stroke _____
 peptic ulcer _____
 documented? yes no _____
 gall stones _____

DVT / PE / risk factors _____
 other problems _____

Surgeries/Procedures: none
 cardiac bypass _____
 cardiac cath 2002 _____
 angioplasty _____
 thrombolytics _____
 pacemaker _____

consiliotomy _____
 cholecystectomy _____
 appendectomy _____
 hysterectomy _____

Medications: none list
 acetaminophen BCP: _____

Allergies: NKDA
 see list _____

SOCIAL HX 1 smoker 0 drugs
 alcohol (recent / heavy / occasional) _____
 lives alone _____ lives in nursing home _____ lives at home _____
 occupation _____

FAMILY HX AD (SSyo / >SSyo) _____

S 0414900306 000-146220
 CASEY, WILLIAM DOB: _____
 ADM PHYSICIANS, ED
 ADM DATE/TIME 05/28/04 0950
 58

THOMPSON 060145

CONSTITUTIONAL
☒ w/ vital signs Other 46% O₂ L/min
 Pulse OK brad
 Interpretation normal abnormal Dx _____
 Exam limited by _____
 Distress: NAD mild moderate severe
 HEENT
 no oropharyngeal, post-surgical pupillary defect (R/L)
 no strabismic, scleral icterus / pale conjunctivae
 PERI TM obscured by cerumen (R/L)
 ENT and inspection abnml TM / hearing deficit
 pharyngeal erythema

NECK
☒ and inspection
 thyromegaly
 lymphadenopathy (R/L)

RESPIRATORY
☒ no resp distress
☒ chest non-tender
☒ and breath sounds
 see diagram
 respiratory distress
 manifests distinct pain on movement
 of R/L arm of trunk
 splinting / decrd air movement
 rales/rhonchi/wheezing

CVS
☒ regular rate, rhythm
☒ no murmur
☒ no gallop
☒ no friction rub
 irregularly irregular rhythm
 extrasystoles (occasional / frequent)
 tachycardia / bradycardia
 PMI displaced laterally
 JVD present
 murmur grade /6 sys / dias
 cresc / cresc-decresc / decresc
 gallop (S3 / S4)
 friction rub
 decreased pulse(s)
 R carotid ferm dors ped
 L carotid ferm dors ped

GI / ABDOMEN
☒ non-tender
☒ no organomegaly
 T = tenderness
 G = guarding
 R = rebound
 n = dull
 hml = hyperactive
 h = severe
 (e.g. T₁₂ = severe tenderness)
 tenderness
 guarding
 rebound
 abnml bowel sounds
 hepatomegaly / splenomegaly / mass

SKIN
☒ color nml, no rash
☒ warm, dry
 cyanosis / diaphoresis / pallor
 skin rash

MUSCULOSKELETAL / EXTREMITIES
☒ non-tender
☒ normal ROM
☒ no pedal edema
☒ no calf tenderness
☒ no calf tenderness
 pedal edema
 calf tenderness
 clubbing

NEURO
☒ awake and alert
☒ oriented x3
☒ CM's nml as tested
☒ no motor/sensory deficit
 lethargic
 disoriented to person/place/time
 facial droop/EOM palsy/anisocoria
 weakness/sensory loss

Chest Pain-33

PRINTED BY: AA81994

DATE 2/21/2005

LABS, EKG, and XRAYs
 CBC normal normal depressed affect
 WBC normal anxious
 Hgb normal
 Hct normal
 Platelets normal
 Chemistries
 Gluc normal
 BUN normal
 Creat normal
 Na normal
 K normal
 Cl normal
 CO2 normal
 Tropoin normal
 Myo normal
 PT normal
 PTT normal
 UA normal
 not except
 Rhythm ECG (1-3 Lead) NSR abnml Time _____
 12 Lead ECG _____ Time _____
 Rate _____
 NSR bradycardia / bradycardia / atrial fibrillation
 nml QRS wide QRS LBBB RBBB IVCD
 nml intervals heart block 1st 2nd 3rd
 nml ST/T non-specific ST-T abnormalities
 ST elevation / ST depression / T-wave inversion
 PRIOR ECG- unchgd unavail changed
☒ interp contemporaneously by me ☐ I agree w/ confirm computer reading
 CXR chest-PALAT AP port # of views _____
 nml heart size obtained to R/O pneumonia
 nml lung markings under-pneumated / over-pneumated / rotated
 nml great vessels decr lung markings c/w COPD
 and mediastinum density c/w pleural effusion
 nml cardiomegaly
 NAD incr lung markings / infiltrate
 PRIOR XRAY- unchgd unavail changed
☒ interp contemporaneously by me ☐ discussed w/ Radiologist
☒ interp by Radiologist ☐ personally reviewed by me
 ED COURSE. Time 11:00 re-examined unchgd improved

Crit Care- run (excluding separately billable procedures)
 Discussed with Dr _____ Time _____
 patient will be seen in office / ED / hospital
 Counselor patient / family regarding _____ Rx given _____
☒ not ready / need for follow-up
☒ EMTALA EMC present ☐ EMTALA EMC absent
☒ Stable for discharge / out patient follow up
CLINICAL IMPRESSION:
 Chest Pain acute procedural Acute MI
 Chest Wall Pain- acute Unstable Angina
 Pulmonary Embolism Dissecting Aneurysm

Follow up with Dr _____
 DISPOSITION- ☐ discharge ☐ admit ☐ transfer
 Time ☐ placed in obs. (See obs template) ☐ Left AMA
 CONDITION- ☐ unchanged ☐ improved ☐ stable unless otherwise marked

ARNP / PA _____
 PHYSICIAN- William 12382 Time _____
 PHYSICIAN- William 12382 Time _____
☐ T Complete ☐ T Short Add-On ☐ Copy PMD ☐ Dictated

S 0414900308 000-146220
 CASEY, WILLIAM DOB 12/21/68
 ADM PHYSICIANS, ED
 ADM DATE/TIME 05/28/04 0950



THOMPSON 060146

SPARTANBURG

Regional Healthcare System

☒ SRMC ☐ SHRC ☐ BJW

GENERAL CONSENT TO TREAT

PATIENT AUTHORIZATION/ACKNOWLEDGEMENT OF BENEFITS RELEASE

The following are the conditions for services provided by the Spartanburg Regional Health Services District, Inc. (District) for the patient whose name appears at the bottom of this page

CONSENT FOR MEDICAL TREATMENT

I/we voluntarily consent to medical treatment and diagnostic procedures provided by Spartanburg Regional Health Services District, Inc. and its associated hospitals, physicians, clinicians and other personnel. I/we consent to the testing for infectious diseases, such as, but not limited to syphilis, AIDS, hepatitis and testing for drugs if deemed advisable by my physician. I/we am/are aware that the practice of medicine and surgery is not an exact science and I/we acknowledge that no guarantees have been made as to the result of treatments or examinations. I/we understand that certain healthcare professionals furnishing services including but not limited to, radiologist, pathologist, anesthesiologist and emergency room physicians are independent contractors with the patient and are not employees or agents of the District.

AUTHORIZATION FOR RELEASE OF INFORMATION

The hospital and attending physician are authorized to release any medical information required in the processing of applications or submission of information for financial coverage, discharge planning and further medical treatment. To include information referring to psychiatric care, sexual assault or tests for infectious diseases including AIDS/HIV for services provided during this admission. I/we also agree to the release of medical or other information about me to government federal or state regulatory agencies as required by law.

ASSIGNMENT OF INSURANCE BENEFITS

I/we guarantee payment of all charges made for or on account of the patient and I/we assign our rights in any insurance benefits or other funding to the physician and the District. I/we understand that: I/we am/are responsible for any charges not covered by insurance or other forms of benefits. I/we understand the District can obtain my/our credit report for review in collection of this debt. In the event that this account is placed with a collection agency or attorney for collection or collected following the SC Setoff Debt Collection Act, I/we shall pay all collection fees and costs, including reasonable attorney's fees. For Medicare beneficiaries: I/we have provided all necessary information for proper assignment of Medicare benefits.

VALUABLES RELEASE FORM

I/we have been requested to check valuables with the hospital and release the District of any liability and assume responsibility for any items not deposited to the hospital's care. Any valuables not claimed within thirty (30) days of discharge will become the property of the hospital.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I/we have received a copy of the Notice of Privacy Practices. The notice describes how my health information may be used or disclosed. I understand that I should read it carefully. I am aware that the Notice may be changed at any time. The Notice of Privacy Practices may be accessed at www.srhc.com.

DATE AND TIME

HOSPITAL WITNESS

SIGNATURE OF PATIENT OR PARENT, GUARDIAN OR LEGALLY AUTHORIZED REPRESENTATIVE
(Relinquishing to Patient)

SIGNATURE OF GUARANTOR (RELATIONSHIP TO PATIENT)

Patient

S 0414900306 000-146220
CASEY, WILLIAM DOB [REDACTED] 58
ADM PHYSICIANS, ED
ADM DATE/TIME 06/28/04 0850

PRINTED BY: AA81994

DATE 2/21/2005
1336 (REV. 02-03)

THOMPSON 060147

MD ORDER TIME		#1	#2	#3	ICD 9 DX CODE	
B L O O D	BMP		ASA		CXR.	pa/at port
	CMP		Tylenol		Abd	2view KUB
	CKMB / Troponin		Digoxin		Spine.	C T L
	Lipase / Amylase		Lithium		Shoulder	L R
	PT/PTT		Theoph		Elbow.	L R
U R I N E	BHEG	qt- qnt	Dantrol		Wrist:	L R
	Group RH		Depakote		Hand	L R
	T & S		Tegretol		Pelvis:	
	T & C 1 2 3 4		Phenob		Hip	L R
	Culture 1 2		GC/Chlamydia		Knee	L R
U R I N E	UA cc cath c&s		Wet Prep		Ankle:	L R
	UCG		EXG		Foot	L R
	UDS		ABG: RA 2L 100%		US	GB Abd Pelvis
			MHN 1 2 cont		CT.	Head Face Abd Pelvis
					DOP.	vn art L R UE LE

ORDERS		CONSULTANT		
1	4	1	1st	2nd
2	5	2		
3	6	3		

ASSESSMENT	MEDS & INTERVENTION	NURSE/TECH	TIME
<i>CP Pathway</i> <i>D. FOREIGN BODY (1) IN BRONCHUS</i> <i>D. HERN</i> <i>D. T. Col.</i>	<i>RAID SIG.</i> <i>Michael</i>		

POOR ORIGINAL

Dx		Admit MD	Bed.
<i>choy pain.</i>			

ED Physician		Resident / NP / PA		Consultant / PMD	
<i>Dr. Shuman 12382</i>					

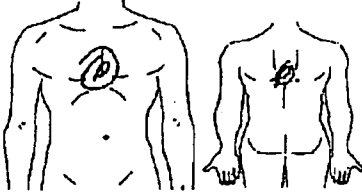
ACCOUNT NO	ADMISSION DATE / TIME	IC	DATE OF BIRTH	AGE	SEX	RACE	MS	SERVICE	ARRIVAL	PAT TYPE	BY	UNIT NUMBER
S 0414900306	05/28/04 0950	SP	1/58	46Y	M	1	M	EME	1	ER	JM	000-146220

ADMITTING DOCTOR	ATTENDING DOCTOR	ACCIDENT/WORK RELATED	ACCIDENT DATE/TIME	ADM TYPE / SOURCE
PHYSICIANS, ED	PHYSICIANS, ED	NO		1 7

PATIENT INFORMATION	SOC. SEC. NO.	PATIENT EMPLOYER
CASEY, WILLIAM		
280 LIGHTWOOD FARM ROAD		
WOODRUFF SC 29388		

ED8

THOMPSON 060148

33 Chest Pain		Agree with nurse's note for PESR/ROS	
DATE: 5/18 TIME: 12:24 ROOM: LEAS Arrival		ROS	
HISTORIAN: <u>Consent</u> paramedic translator other		ROS below otherwise negative	
AGE: M/F		CHEST-CONST	
History limited by		fever	
HPI		chills	
chief complaint: <u>Chest pain</u> discomfort		cough	
duration / started: <u>Several days</u>		sputum	
timing:		ankle swelling	
Last present better		calf / leg pain	
gone now		FEMALE REPRODUCTIVE	
lasted		LMP	
resolved on arrival in ED		vaginal discharge	
constant <u>axial & waning</u>		abnormal bleeding	
intermittent episodes lasting		denies pregnancy	
worse/persistent since		NEURO	
quality:		headache	
pressure		blackouts	
tightness		EYES-ENT	
indigestion		blurred vision	
burning		sore throat	
dull		GI and GU	
like prior MI		abdominal pain	
sharp		black / bloody stools	
stabbing		problems urinating	
"pain"		SKIN & LYMPH & HS	
"numbness"		skin rash	
Location of pain:		joint pain	
		swollen glands	
R/L lateral / precordial / substernal		PAST HISTORY	
radiation: none diagrammed above		Prior records ordered / renewed ☐ Tetanus UTD	
associated symptoms:		* All risk factors	
Lactasea		* high blood pressure	
vomiting		diabetes insulin / oral / diet	
shortness of breath		* high cholesterol <u>11.4</u>	
sweating		* heart disease	
modifying factors:		heart attack (MI)	
worsened by:		angina / heart failure	
change in position		DVT / PE / risk factors	
deep breaths / turning		other problems	
exertion		Surg/Procedures	
nothing		cardiac bypass	
context:		cardiac cath <u>2/02</u>	
onset during		angioplasty	
sleep rest light activity		thrombolytics	
mod / heavy exertion		pacemaker	
emotional upset		consillectomy	
cannot recall		cholecystectomy	
severity:		appendectomy	
maximum (1-10)		hysterectomy	
mild moderate severe		Medications	
when seen in ED (1-10)		none <u>see list</u>	
gone almost gone mild moderate severe		acetaminophen BCPs	
residual discomfort in arm (L/R)		Allergies	
Similar symptoms previously		NKDA	
Recently seen/treated by doctor		see list	
<u>AME</u> <u>Dr. [unclear]</u> <u>Dr. [unclear]</u>		SOCIAL HX	
PRINTED BY: 0001094		* smoker * drugs	
Spartanburg Regional Healthcare System		alcohol (recent / heavy / occasional)	
EMERGENCY PHYSICIAN RECORD		lives alone lives in nursing home lives at home	
Version October 2005		occupation	
		FAMILY HX	
		<u>AD</u> (<u><55yo</u> / <u>>55yo</u>)	
		5-0414900306-000-146220	
		CASEY, WILLIAM DOB	
		ADM PHYSICIANS ID	
		ADM DATE/TIME 05/28/04 0950	
			

THOMPSON 060149

Spartanburg Regional Healthcare System 101 E. Wood St.		Emergency Department (864)560-6222 Assessment Sheet		MR # 000146220 Sex: Male DOB: 1958 Name: Casey, William Phone: (864)476-9100 Address: 240 LIGHTWOOD FARM ROAD, WOODRUFF, SC 29388-7600 Unit Code: BLUZN Account # 0414900306 Age: 45																																																																																																																																																												
Complaint: Chest Pain Arrival Time/Date: 09:46 05/28/2004 Arrived by: Ambulance Mobility: Stretcher Primary Care: Koser, Andrea Accompanied By:		Triage Class: Class 2 Insurance: --None Amb/Helicopter: (SPARTANBURG EMS) Referring Facility: Emergency Physician: Teshman, Jeffrey																																																																																																																																																														
Vital Signs <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Initial</th> <th>Time</th> <th>Temp</th> <th>Blood Pressure</th> <th>Pulse</th> <th>Resp</th> </tr> </thead> <tbody> <tr> <td>KB</td> <td>09:45</td> <td>98.2 O</td> <td>154/106</td> <td>85</td> <td>20</td> </tr> <tr> <td>JL</td> <td>10:27</td> <td></td> <td>130/88</td> <td>86</td> <td>14</td> </tr> <tr> <td>JL</td> <td>11:24</td> <td></td> <td>140/106</td> <td>83</td> <td>14</td> </tr> <tr> <td>AB</td> <td>12:25</td> <td></td> <td>148/100</td> <td>76</td> <td>12</td> </tr> <tr> <td>JL</td> <td>13:51</td> <td></td> <td>158/92</td> <td>74</td> <td>16</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Initial	Time	Temp	Blood Pressure	Pulse	Resp	KB	09:45	98.2 O	154/106	85	20	JL	10:27		130/88	86	14	JL	11:24		140/106	83	14	AB	12:25		148/100	76	12	JL	13:51		158/92	74	16																															Pain <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time</th> <th>Scale</th> </tr> </thead> <tbody> <tr> <td>10:27</td> <td>0/10</td> </tr> <tr> <td>11:24</td> <td>0/10</td> </tr> <tr> <td>13:51</td> <td>1/10</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Time	Scale	10:27	0/10	11:24	0/10	13:51	1/10											Pulse Ox. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time</th> <th>SpO2</th> </tr> </thead> <tbody> <tr> <td>09:45</td> <td>95</td> </tr> <tr> <td>10:27</td> <td>97</td> </tr> <tr> <td>10:28</td> <td>97</td> </tr> <tr> <td>11:24</td> <td>96</td> </tr> <tr> <td>12:25</td> <td>99</td> </tr> <tr> <td>13:51</td> <td>14</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Time	SpO2	09:45	95	10:27	97	10:28	97	11:24	96	12:25	99	13:51	14									Pupils <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time</th> <th>I (mm)</th> <th>R (mm)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Time	I (mm)	R (mm)																									Glasgow Coma <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Time</th> <th>Score</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Time	Score																
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Past Medical Hx: (Cholesterol - high) Tetanus History: Social History: Smoker Weights: LMP Date:																																																																																																																																																																
Disposition Information Primary Diagnosis: Bronchitis Secondary Diagnosis: Disposition: Admit - Inpatient Dispositioned By: Jon Bell RN Report Called By: Prescriptions: Discharge Instructions: Disability Statement: Follow-up Care: Discharge Time: 14:16 05/28/2004 Family Notification: Report Given To: Appt Date/Time: Discharged By: Julie Lindsay, RN																																																																																																																																																																
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THOMPSON 060150

Spartanburg Regional Healthcare System 101 E. Wood St.	Emergency Services (864)560-6222 Assessment Sheet	MR # 000146220 Sex: Male DOB: 1958 Name: Casey, William Phone: (864)476-9100 Address: 101 E. Wood St., WOODRUFF, SC 29388-7600 Unit Code: BLU2N Account # 041490036 Age: 45

Administrative 09:37 05/28/2004 - Referral/Transfer-In -- Cathy Haynes EMT-P, EMT-P ETA: 5 Treatments PTA. Oxygen, Nitroglycerin, Monitoring, IV therapy, Aspirin Call Taken By: C. Haynes EMT-P Note: per medic 18, 45 years, states he has had exertional angina x 2 weeks. Was at work today and started having chest pain, was given 1 asa and placed on o2 by nurse at work and pain went to a 4. Pt states pain is now more of a pressure sensation. bp:184/118, hr:94(sinus rhythm), o2 sat-98%, bgl-102, 12 lead is showing sinus rhythm. Pt has been given 162 mg asa and 2 mg by EMS. Room 3 assigned by A. Bogan RN. Assessment 09:45 05/28/2004 - Vital Signs -- Kelly Buddin, EMT Temp: 98.2 Oral BP: 154/106 HR: 85 Resp: 20 09:45 05/28/2004 - Oximetry -- Kelly Buddin, EMT Pulse Oximetry %: 95 Oxygen Therapy: Room Air 09:46 05/28/2004 - Receive Patient -- Kelly Buddin, EMT Last Name: Casey First Name: William Date of Birth: 1958 Location: 3 Chief Complaint: Chest Pain 09:46 05/28/2004 - Reassessment -- Kelly Buddin, EMT Other Assessment: Cardiac monitor applied, EKG Obtained Note: given to RN. 09:52 05/28/2004 - Medicine -- Becky Williams, RN Medication A: Uprlor Medication B: Ultram Medication C: Lor tabs 09:52 05/28/2004 - Allergy Information -- Becky Williams, RN Allergy A: *No Known Allergies 09:53 05/28/2004 - Medicine -- Becky Williams, RN Medication A: Bextra 09:53 05/28/2004 - Past Medical History -- Becky Williams, RN Medical history: Chocebral - high Social history: Smoker 09:53 05/28/2004 - Primary Survey -- Becky Williams, RN Airway: INTACT Breathing: PRESENT, no labored respirations noted, symmetrical chest movement, trachea midline Breath sounds - L: Breath sounds - Clear Breath sounds - R: Breath sounds - Clear Circulation: adequate, skin warm and dry Radial - L: Present Radial - R: Present Cap refill: brisk Disabilities: alert, oriented X3 Note: MAEW 09:53 05/28/2004 - Document IV Placement -- Becky Williams, RN Site #: 1 Site: Right hand Catheter size: 18g Solution Amount: heparin Note: Placed PTA by EMS. Patient and secure. Blood obtained. 09:54 05/28/2004 - Secondary Survey -- Becky Williams, RN Exposure: Clothing removed, Hospital gown provided, Warm blankets applied Gadgets: Call bell at bedside, Monitor, Pulse Oximeter, Side rails raised for pt safety, Use of call bell explained to pt/family Road to Too Assessment: Soo Focused Survey Note: No family noted @ present. Pt arrived from work 09:58 05/28/2004 - Cardiovascular -- Becky Williams, RN History: patient	Symptom: pain Location: substernal, radiating to back Quality: single episode Onset: within the hour: PTA Duration: less than 30 minutes Activity at onset/Mechanism: exertion - moderate Relieved By: nitroglycerin, oxygen Meds taken: Nitroglycerin Spray, Baby ASA Response to meds: Pain relieved Breath sounds - L: Breath sounds - Clear Breath sounds - R: Breath sounds - Clear Heart sounds: S1 - normal, S2 - normal Note: Pt's substernal chest pain that began while working this morning. Pain relieved by oxygen and NTG. CP intermittent x 2 weeks per pt only while working. States no chest pain while @ home. INT est by EMS and blood drawn. CP pathway initiated. Procedures and care plan explained to pt. Pt denies any cp @ present. Resp even and unlabored. Pt states hx of same cp occurring "a couple of years ago". Pt smoker. Pt denies SOB; no RV; no dysphoria w/ cp. Also cp radiated into pt's back. 10:04 05/28/2004 - Reassessment -- Becky Williams, RN Note: Report given to Julie Lindsay, RN. 10:18 05/28/2004 - Final Order Results -- HISS Type of Order: LAB Pacer Number: 16202854 Note: Procedure: CBC Result: WBC 9.1 K/CMM 4.5-11.0 RBC 3.91 M/CMM 4.30-5.70 L HGB 12.8 G/DL 12.5 17.5 L HCT 35.6 % 40.0-52.0 L HCV 94.1 FL 82.0-98.0 MCH 32.8 PG 28.0-33.0 MCHC 34.9 % 32.5-36.0 RDW 11.5-14.5 PLT 539 K/CMM 130-400 H NEUT % 75.3 % 32.3 72.9 H LYMPHS % 16.3 % 18.8-50.3 L MONO % 5.5 % 3.7-12.2 EOS % 2.6 % 0.0-6.9 BASO % 0.3 % 0.1-2.1 AGC 7118 10:27 05/28/2004 - Pain -- Julie Lindsay, RN Pain Severity: 0/10 - none 10:27 05/28/2004 - Oximetry -- Julie Lindsay, RN Pulse Oximetry %: 97 10:27 05/28/2004 - Vital Signs -- Julie Lindsay, RN BP: 130/88, Automatic, Sitting, Left Arm, regular out HR: 86 Resp: 14 10:28 05/28/2004 - Oximetry -- Julie Lindsay, RN Pulse Oximetry %: 97 Oxygen Therapy: Nasal Cannula Concentration: 2 Units: L/min 10:28 05/28/2004 - Reassessment -- Julie Lindsay, RN Note: resting quietly, no distress noted. 10:35 05/28/2004 - Final Order Results -- HISS Type of Order: LAB Pacer Number: 16202855 Note: Procedure: NEW BMP Result: BUN A 12 M/G/DL 6-20 NA A 138 MMOL/L 133-148 KA 3.9 MMOL/L 3.5-4.8 CLA 104 MMOL/L 100-111 CO2 A 28.0 MMOL/L 23.0-32.8 GLU A 108 MG/DL 77-117 CREAT A 8 MG/DL 6-1.2 BUN/CREAT 16 8-23 ANION GAP 8 MMOL/L 8-13 OSMO CALC 272 MOSKQ 271-318 CA 8.8 MG/DL 8.9-10.3 L 10:42 05/28/2004 - Final Order Results -- HISS Type of Order: LAB Pacer Number: 16202857 Note: Procedure: PT Procedure Notes: *SRMC* NEW REFERENCE RANGES EFFECTIVE 04/05/04 THERAPEUTIC RANGE: 2.0-3.0 PROSTHETIC HEART VALVE RANGE: 2.5-3.5 Result PT TEST 12.3 SEC 09.2-12.9 INR 1.1 10:42 05/28/2004 - Final Order Results -- HISS Type of Order: LAB Pacer Number: 16202858 Note: Procedure: PTT Procedure Notes: *SRMC* NEW REFERENCE RANGES

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DATE 2/21/2005

THOMPSON 060151

Spartanburg Regional Healthcare System 101 E. Wood St.	Emergency Services (864)560-6222 Assessment Sheet	MR # 000146220 Sex: Male DOB: 1958 Name: Cassey, William Phone: (864)476-9100 Address: WOODRUFF, SC 29388-7600 Unit Code: BLU'ZN Account # 041490306 Age: 45

EFFECTIVE 04/05/04 NOTE: EFFECTIVE 04/05/04 FOR SRMC PATIENTS ON HEPARIN THERAPY, THE THERAPEUTIC RANGE IS 42.7 - 71.6 SECONDS NOTE: EFFECTIVE 03/18/03 FOR RESTORATIVE CARE HOSPITAL PATIENTS ON HEPARIN THERAPY THE THERAPEUTIC RANGE IS 40 - 60 SECONDS "BJW" NOTE: EFFECTIVE 04/22/04 FOR BJW PATIENTS ON HEPARIN THERAPY, THE THERAPEUTIC RANGE IS 53-100 SECONDS. Result: PTT 29.8 SEC 21.3-33.3 10:44 05/28/2004 - Preliminary Order Results - HIS\$ Type of Order: LAB Placer Number: 18202858 Note: Procedure: MI Result: CPK 103 IU/L 42-231 10:51 05/28/2004 - Final Order Results - HIS\$ Type of Order: LAB Placer Number: 18202858 Note: Procedure: MI Procedure Notes: NO ENZYME EVIDENCE OF MYOCARDIAL INJURY. Result: CPK 103 IU/L 42-231 MB 1.4 NG/ML 0-8.0 CK INDEX 1.4 0.0-1.8 MB INTERP NOM.I. 10:51 05/28/2004 - Final Order Results - HIS\$ Type of Order: LAB Placer Number: 18202859 Note: Procedure: TROPONIN I Procedure Notes: NEW REFERENCE RANGE FOR NORMAL IS <0.07 NG/ML NEW CUTOFF FOR ACUTE MYOCARDIAL INFARCTION IS 0.50 NG/ML NOTE: TROPONIN MAY REMAIN ELEVATED SEVERAL DAYS AFTER MI BJW REFERENCE VALUES NORMAL = <0.00 INTERMEDIATE = 0.04-0.49 ACUTE MI = >0.50 Result: TROPONIN I <0.07 NG/ML <0.07 10:51 05/28/2004 - Final Order Results - HIS\$ Type of Order: LAB Placer Number: 18202860 Note: Procedure: MYO Procedure Notes: MYOGLOBIN RESULTS >110 NG/ML IS HIGHLY SUGGESTIVE OF MYOCARDIAL INFARCTION Result: MYO 28.9 NG/ML <110.0 11:24 05/28/2004 - Pain - Julie Lindsay, RN Pain Severity: 0/10 - none 11:24 05/28/2004 - Oximetry - Julie Lindsay, RN Pulse Oximetry %: 93 11:24 05/28/2004 - Reassessment - Julie Lindsay, RN Note: resting quietly, no distress noted, w/o at bedside. 11:24 05/28/2004 - Vital Signs - Julie Lindsay, RN BP: 140/108, Automatic, Lying, Left Arm, regular cuff HR: 63 Resp: 14 11:33 05/28/2004 - Initial Triage Info - Jon Bell RN Triage Class: Class 2 12:14 05/28/2004 - Reassessment - Jon Bell RN Response to treatment: Family at bedside, Respirations even and unlabored, Patient resting, offers no complaints Other Assessment: Waiting for physician evaluation 12:25 05/28/2004 - Oximetry - Amy Bogan RN Pulse Oximetry %: 93 12:25 05/28/2004 - Vital Signs - Amy Bogan RN BP: 148/100 HR: 78 Resp: 12 13:07 05/28/2004 - Document IV Placement - Julie Lindsay, RN Site: Right antecubital Catheter size: 20g Solution Amount: heparin Note: IV flushed and secured. Q noted 13:49 05/28/2004 - Reassessment - Julie Lindsay, RN Note: patient informed of bronchoscopy to be done today by MD and RN, no distress noted 13:51 05/28/2004 - Vital Signs - Julie Lindsay, RN BP: 158/92, Automatic, Lying, Left Arm, regular cuff HR: 74 Resp: 18 13:51 05/28/2004 - Pain - Julie Lindsay, RN Pain Severity: 1/10 - mild	13:51 05/28/2004 - Oximetry - Julie Lindsay, RN Pulse Oximetry %: 14 14:15 05/28/2004 - Discharge Condition - Julie Lindsay, RN Acuity: Class 2 Condition: guarded Mobility at Discharge: Ambulatory Note: patient to bronchoscopy

PRINTED BY: AA81994
 DATE 2/21/2005

PRINTED BY: AA81994
DATE 0002/12/2005

SPARTANBURG EMS

MEDICAL INFORMATION SHEET

NAME CASEY, William M. 29388
ADDRESS _____
PHONE _____ DOB 45 Wm -58
S [REDACTED] DL # 54 JAMES
MCARE # _____ MCARD # _____
INSURANCE 100 INTERNATIONAL DR
EMPLOYER _____
GUARANTOR _____
CC EXTORTIONAL ANGINA X2 WKS - BACK to
DX 4 Cholesterol
MEDS Lipitor, Biotin, Vitamin, Lactulose

ALLERGIES NKA
OTHER On-PHA NKA - 2 H/C 908
8m - 911 SR HOD 928
12 LMD - 913 SR ASA 162 914
INT - 918 NTC 31-916
BGL - 112 920 #2 921

AGE	LOC	B/P	P	R	SKIN	PUPILS	ENG	BGL
910		110/110	94	20				98%
920		110/110	98	20				
924		110/110	94	20				

POOR ORIGINAL

Subway
500-Subs

DA14900306 000-148220 05/28/04
CASEY, WILLIAM [REDACTED] 58 M 45Y
ADM KOSER, ANDRAS
REF KOSER, ANDRAS


THOMPSON 060153

020502186001001

PATIENT NAME: CASEY, WILLIAM
 MEDICAL RECORD #: 146220
 DATE OF BIRTH: [REDACTED]/1958
 ACCOUNT NUMBER: 414900306
 DATE OF ADMISSION: 05/28/2004
 ROOM:

434

CHIEF COMPLAINT: Chest pain.

HISTORY OF PRESENT ILLNESS: This is a 45-year-old Caucasian male with a history of elevated cholesterol, history of herniated disk, and a history of arthritis apparently been having vague chest discomfort every time he goes to work. The patient comes in because of substernal chest tightness that radiates to the back. The patient had extensive cardiac workup done on the last admission which was in the year 2000, July. At that time the patient underwent cardiac catheterization, which showed normal coronaries. The patient comes in, does not give this chest pain history, doesn't have any associated symptoms whatsoever. No diaphoresis, no shortness of breath. Radiating to the back is the only one. No nausea. Currently feels fine. He says the patient was given some aspirin, nitroglycerin.

PHYSICAL EXAMINATION:

CNS: The patient is alert and oriented times three.
 HEENT: Normocephalic, atraumatic. Pupils are equal, round, and reactive to light and accommodation.
 CHEST: Clear to auscultation bilaterally.
 CARDIOVASCULAR: Regular rate and rhythm.
 ABDOMEN: Soft, nontender.
 EXTREMITIES: No cyanosis, clubbing, or edema.
 NEUROLOGICAL: Cranial nerves II through XII grossly intact. Motor 5/5 bilaterally. Sensory intact bilaterally.

REVIEW OF SYSTEMS: no fever or chills. No headache or dizziness. No cough or phlegm. Chest pain as described above. The rest of the review of systems essentially negative.

PAST MEDICAL HISTORY: Reveals a herniated disk and arthritis.

MEDICATIONS: Lipitor, Bextra, Ultram, Lortab.

ALLERGIES: No known drug allergies.

PAST SURGICAL HISTORY: Negative.

SOCIAL HISTORY: Positive smoker. Occasional ETOH.

ALLERGIES: No known drug allergies.

LABORATORY DATA: : CPK 103, MB 1.4, index 1.1 troponin less than 0.07, myoglobin 28.9, PT 12.3, INR 1.1, PTT 29.8. Sodium 137, potassium 3.9, chloride [REDACTED] BUN 12, creatinine 0.8, glucose 106, WBC 9, hemoglobin 12, hematocrit 36, platelets 539.
 DATE 2/21/2005

THOMPSON 060154

0045022 AUGU1071

IMPRESSION/PLAN:

1. Noncardiac chest pain most likely secondary to _____ in the left main bronchus. We will get pulmonary to see this patient for possible bronchoscopy and removal if possible.
2. Hypertension. The patient's blood pressure is elevated. Never told that he has been hypertensive before, although the patient has been noncompliant with medications and follow up and, hence, we will keep an eye on the blood pressure. We will place the patient on Lopressor 50 mg q.d. for now. Has multiple blood pressure readings in the emergency room. Continues to stay high diastolic of 109.
3. Elevated cholesterol. We will check a lipid profile in the morning.

DICTATED BY: RAJA PALADUGU

D:05/28/2004 13:31:23
T:05/28/2004 15:55:39/bt
65475/62344

Cc:
ANDRAS KOSER, M.D., Attending Physician

H & P Page 2 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.<END FOOTER>

Authenticated by Raja Paladugu, M.D. On 5/29/04 4:43:13 PM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060155

020501190001001

SPARTANBURG REGIONAL HEALTHCARE SYSTEM
SPARTANBURG, SC 29303

CONSULT Page 1 of 2
CASEY, WILLIAM
146220

Note: Document is draft unless signed.
<END FOOTER>

CONSULT
PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
ACCOUNT NUMBER: 414900306
DATE OF SERVICE:
ATTENDING PHYSICIAN: KOSER, ANDRAS
ROOM:

HISTORY OF PRESENT ILLNESS: This 46-year-old smoking male presented to the hospital for chest pain. An initial chest x-ray on admission showed what appears to be a foreign body in the left mainstem bronchus. I am being asked to comment on this. This patient complains of pain in his chest that is sharp that goes directly straight to his back. There is a history of cough. No history of hemoptysis.

PAST MEDICAL HISTORY: includes hypercholesterolemia. No history of hypertension or diabetes.

SOCIAL HISTORY: He has a 25 pack year smoking history. He works at Michelin.

FAMILY HISTORY: Is noncontributory.

REVIEW OF SYSTEMS: Includes all mentioned in history of present illness. Also, he has chronic back pain, occasional headaches, occasional constipation. All other review of systems are negative.

PHYSICAL EXAMINATION: He appears well in no acute respiratory distress. Blood pressure is 150/90, pulse is 84. Pupils react to light. The oral mucosa is moist without thrush. Neck is supple. Heart is regular. Lungs are clear bilaterally. Abdominal exam reveal no hepatosplenomegaly. Extremities are without clubbing, cyanosis or edema. Skin is intact with no rashes. Joints are not inflamed. Neurologically, cranial nerves II through XII are intact without focality.

Chest x-rays been reviewed in it does show what appears to be an irregular metallic foreign body in the left mainstem bronchus.

IN SUMMARY: 46-year-old gentleman with what appears to be a foreign body in the left mainstem bronchus. He has consented to fiber-optic bronchoscopy which would be the

DATE 2/21/2005

THOMPSON 060156

1120502180001011

most reasonable next step. Will perform fiber-optic bronchoscopy to see if this foreign body is removable. If it is not removable or granulated in, than rigid bronchoscopy in the operating room will be performed. Risks, benefits, and alternatives were discussed with Mr. Casey and he agrees to proceed with bronchoscopy.

DICTATED BY: JOSEPH A BOSCIA III, M.D.
D:05/28/2004 14:26:33
T:06/03/2004 11:25:39/lb
65506/64110

cc:
ANDRAS KOSER, M.D., Admitting Physician

88END
Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:48 PM

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060157

020502280001021

OP REPORTS

PATIENT NAME: CASEY, WILLIAM
DOB: [REDACTED]/1958
MEDICAL RECORD #: 146220
PROCEDURE DATE: 5/28/2004
ACCOUNT NUMBER: 414900306
ROOM:

PROCEDURE(S) PERFORMED: Bronchoscopy.

REASON FOR PROCEDURE: 45 year-old male with what appears to be a foreign body.

MEDICATIONS: Versed 10 mg IV (intravenous), Fentanyl 100 mcg IV (intravenous), topical lidocaine.

DESCRIPTION OF PROCEDURE: After informed consent was obtained, the right nostril was anesthetized with topical lidocaine. The bronchoscope was advanced to the trachea without difficulty. Trachea as well as right segmental and subsegmental bronchi were normal, patent, without bronchial pathology. However, upon entering the left main stem bronchus, the distal end where the take off of the left upper lobe starts on the medial wall, there is a very erythematous area that was easily friable. No observable foreign body was noted. The airway post the erythematous take off of the left upper lobe was normal. The bronchoscope was withdrawn. The patient tolerated the procedure well.

DICTATED BY: JOSEPH A BOSCIA III, M.D.

D:05/28/2004 14:37:52
T:06/03/2004 21:43:08/lt
65517/64371

CC:
ANDRAS KOSER, M.D., Admitting Physician

OP REPORTS Page 1 of 1
CASEY, WILLIAM
146220

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***END

Authenticated by Joseph A. Boscia, MD. On 6/07/04 5:08:47 PM

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DATE 2/21/2005

THOMPSON 060158

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM

ORDERING PHYSICIAN: KOSER, ANDRAS

LOC: 4W-434-A

Pt. Type: TP

DOB: [REDACTED]/58

UNIT #: 000146220

CI#: 1216733

AN#: S0414900306

Exam

60220 CT LUNG WITHOUT CONTRAST
7/1250

Date: 05/28/04 1805
Ord Diag: Chest Pain NOS 786.50

Chest CT scan 5/28/2004.

Indication: Evaluate for possible foreign body. Patient works in construction and apparently on a chest x-ray had a metallic foreign body.

The chest x-ray cannot be located for comparison. Spiral images were obtained through the chest without contrast. There are no metallic foreign bodies evident other than snaps and monitoring leads on the patient's skin. The lungs are free of nodules and infiltrates. There is left anterior descending coronary artery calcification. No other abnormalities are evident of the noncontrasted mediastinum.

Impression:

1. Negative for opaque foreign body.
2. Left anterior descending coronary artery calcification.

Read By: Peter Ryan, M.D.

Released By: Peter Ryan, M.D.

LMB

FINAL

PRINTED BY: AA81994

DATE 2/21/2005

THOMPSON 060159

SPARTANBURG REGIONAL MEDICAL CENTER
Radiology Report

NAME: CASEY, WILLIAM
ORDERING PHYSICIAN: HILL, WILLIAM H
LOC: 4W-434-A DOB: [REDACTED]/58
Pt. Type: TP

UNIT #: 000146220
CI#: 1216363
AN#: S0414900306

Exam
10052 ER CHEST P**
71010

Date: 05/28/04 0953
Ord Diag: 786.50-CHEST PAIN NOS** Portable **

Portable chest 5/28/2004 at 0953 hours.

Indication: Chest pain.

There are no prior studies for comparison. The heart is upper limits of normal on an expiratory film. The lungs are clear.

A small metallic density foreign body projects over the aortopulmonary window area. Question artifact versus a foreign body. Clinical correlation suggested.

Impression:

1. No active cardiopulmonary disease.
2. Small metallic foreign body as discussed above. Clinical correlation suggested.

Read By: Peter Ryan, M.D.
Released By: Peter Ryan, M.D.

PL

FINAL

** Portable **

PRINTED BY: AA81994
DATE 2/21/2005

THOMPSON 060160

Request sent to:

LUNG & CHEST MEDICAL ASSOCS
2030 NORTH CHURCH PLACE
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0034188432081108 SITE: S87 DR: F
BSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 8e21

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168432



SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

SCANNED INTO EF

THOMPSON 060161

CMF WPS MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. CasaryChart#: 77168Date: 11/10/04Wt 180.6 HtB/P 139/77H/R 92 RR 18

Temp

O2Sat 95FIO2 .21☒ Cough☒ Smoking

Present Illness + reason for visit:

☒ Sputum☒ Nausea4-5 cigs/day☒ Dyspnea☒ Vomitingonly on exertion☒ Wheeze☒ DiarrheaNo dyspnea☒ Edema☒ Chest Painwhen a yard worker on☒ Palpitations☒ Painwalking steps & up☒ Oriented☒ ETOH goneis believed☒ New Allergies☒ Fever/chills

When was your last DEXA Bone Densometry Testing done?

Seeing new doctors?

For:

Hospitalizations or major life changes since last visit:

Meds. Review based on:

in bottle

on list

from memory

PHYSICAL EXAM:

WNL/NEG

ABN/POS

*General Appearance

*Skin Targor

*ENT

*Mouth

*Sinus

*Neck

*Chest/Lungs: Breath Sounds

Wheezes

Rales

Effort

Symmetry

*Heart: Rhythm

Murmurs

Gallop

Tones

*Abdomen

*Extremities

*Mobility: Gait

Reflexes

Aides

*Mental Status

LAB ORDER: Spirometry

EKG

Sinus

CBC

Glu

PT

INR

O2Sat Rest

Lung Vol

DLCO

U/A

CXR

ABG's

Bun

Cre

K+

Theo

O2Sat Exercise

Office Treatment:

Education: Does pt want to quit smoking? Yes/No/Other:

Materials/counseling given:

Diagnosis:

Abn CXR(lung fluid), 799.1

Anticoagulant Circulating, 28815

COPD, 496

Cough, 786.2

Dyspnea, 786.09

Fatigue(general), 780.79

Fever, 780.6

JLD, 515

Monitoring(drug name), V48.6

Rhinitis, 477.9

Sleep Apnea/Disorders (neo), 780.53

Prescriptions:

Next appt: Weeks Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature WPS Staff gc

Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLDWK Other

09/29/04

THOMPSON 060162

CMF **WPS** MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm. CaseyChart#: 77168Date: 8/12/04Wt 175 Ht 5'10" B/P 120/70 H/R 82 RR 18 Temp 96.2 O2Sat 96% FIO2 21

☒ Cough ☒ Smoking Present Illness + reason for visit: Still gets head
☒ Sputum ☐ Nausea & exertion
☒ Dyspnea ☐ Vomiting No back clut pain
☐ Wheeze ☐ Diarrhea
☐ Edema ☐ Chest Pain
☒ Palpitations ☐ Pain back
☒ Oriented ☐ ETOH
☐ New Allergies ☐ Fever/chills

When was your last DEXA Bone Densometry Testing done? Times we go with thatSeeing new doctors? he never For: 1609/hrHospitalizations or major life changes since last visit: 1609/hrMed. Review based on: in bottle on list 1609/hr from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

*General Appearance _____
 *Skin Turgor _____
 *ENT _____
 *Mouth _____
 *Sinus _____
 *Neck _____
 *Chest/Lungs: Breath Sounds _____
 Wheezes _____
 Rales _____
 Effort _____
 Symmetry _____
 *Heart: Rhythm _____
 Murmurs _____
 Gallop _____
 Tones _____
 *Abdomen _____
 *Extremities _____
 *Mobility: Gait _____
 Reflexes _____
 Aides _____
 *Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____
 Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment:

Education: Does pt want to quit smoking? Yes/No Other: _____Materials/counseling given: clut pain Plan neg sten

Diagnosis: clut pain
 Abn CXR (lung fluid), 793.1 _____
 Anticoagulant Circulating, 286.15 _____
 COPD, 496 _____
 Cough, 786.2 _____
 Dyspnea, 786.09 _____
 Fatigue (general), 780.79 _____
 Fever, 780.6 _____
 ILD, 515 _____
 Monitoring (drug name), V48.6 _____
 Rhinitis, 477.9 _____
 Sleep Apnea/Disorders (nec), 780.53 _____

Prescriptions:

Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA JDC RVM PA NP Signature Wm Staff gc
 Next Visit: Spiro L/V DLCO PA PAL Sinus DEXA BLOWK _____ Other _____

03/26/04

THOMPSON 060163

SPARTANBURG REGIONAL MEDICAL CENTER DEPARTMENT OF LABORATORY MEDICINE
 101 E. WOOD STREET, SPARTANBURG, SOUTH CAROLINA 29203-3072/864-560-6212
 DRs. DAVIS, LORRY, WREN, NELSON, RAINEY, LASHAM, WIMS, CALDWELL & BUCKS

CASEY WILLIAM MR#: (0002)00014-62-20 PIN.No.: 0422201061 Admitted: 29JUL04
 45 YRS MALE DOB: 1958 Page: 1
 Dr. SMITH WILSON P INTER: Printed: 04JUN04
 Location: PRIVATE OUT PT VISIT AMENIA MOU 0204

 * C H E M I S T R Y *

-----REFERENCE LAB TESTS-----

Procedure:	TIBC #	IRON #	% SATURATION #
Units:	mg/dl	mcg/dl	%
29JUL04 1246	424 HX	87 F	20 F
TIBC.....			Reference Range: 250-400
IRON.....			Reference Range: 60-190
% SATURATION..			TIBC should be ordered with iron for optimal utility. Reference Range: 15-50

8/9/04
 WJW

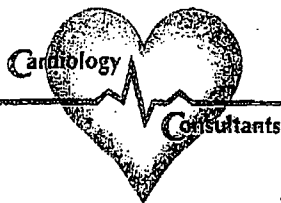
Symbols:
 H = High, F = Footnote
 * = TIBC, IRON, & SATURATION Performed at QUEST DIAGNOSTIC LAB - 33608 ORTIGA HIGHWAY, SAN JUAN CAPISTRANO, CA. 92690

Patient Name: CASEY WILLIAM Location: PRIVATE OUT PT VISIT END OF CHART.

Send to: WILSON P SMITH MD Fax to: 864-592-3750
 LUNG & CHEST
 2020 MONK COUNTRY PLACE
 SPARTANBURG SC 291030000

REVIEWED BY. _____ DATE _____
 (DO NOT FILE IF NOT COMPLETE)

THOMPSON 060164



Joseph R. Dorchak, M.D., F.A.C.C.	David G. Ike, M.D., F.A.C.C.	Alejandro N. Lopez, M.D., F.A.C.C.
James R. Story, M.D., F.A.C.C.	Larry E. Kibler, M.D., F.A.C.C.	Kristen P. Nawabi, M.D.
F. Michael Eickman, M.D., F.A.C.C.	Nalin K. Srivastava, M.D., F.A.C.C.	John J. Gallagher, M.D., F.A.C.C.
Barry L. Huey, M.D., F.A.C.C.	David J. Rodak, M.D., F.A.C.C.	Robin Simpkins, R.N., A.N.P., A.C.N.P.

NUCLEAR STRESS STUDY

NAME: CASEY, WILLIAM M.

DOB: [REDACTED] 58

DATE: AUGUST 2, 2004

CLINICAL HISTORY:

Mr. Casey is a 45-year-old patient of Dr. Gonda. The patient has also seen Dr. Srivastava. This study is ordered by Dr. Wilson Smith for evaluation of chest pain. The patient had an abnormal calcium score by CT. The patient also had a normal catheterization in the year 2000.

DESCRIPTION OF STUDY:

Resting images were obtained after the administration of 10 mCi of Cardiolite. The patient then underwent Bruce protocol stress testing completing 9 minutes of exercise achieving 10.1 mets and 87 percent of the predicted maximum heart rate. At peak exercise, 25 mCi of Cardiolite were administered.

FINDINGS:

The raw images revealed no significant lung uptake.

The SPECT images revealed normal perfusion on stress and rest images. There was no evidence for ischemia.

The gated images revealed normal systolic function with a calculated ejection fraction of 58 percent. There were no regional wall motion abnormalities present.

IMPRESSION:

Normal study.

COMMENT:

Previous Cardiolite in July of 2000 revealed inferior ischemia. This was subsequently found to be a false-positive study. This study is normal.

David G. Ike, M.D., F.A.C.C.
Cardiology Consultants, P.A.
DGI:MSM

cc: Nalin K. Srivastava, M.D.
Frank E. Gonda, M.D.
Wilson P. Smith, Jr., M.D.

Date: 8/9/04 By: AS
BCV 72904 Date: 8/18/04

1083 Bolling Springs Road • Spartanburg, SC 29303-2298 • (864) 583-8647 • Fax: (864) 542-2227

THOMPSON 060165



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Fax: (864) 585 - 2102

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Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-3750

WILLIAM CASEY

7-29-04

77148

OFFICE NOTE

Mr. Casey returns for a follow up visit today. He is trying to resume activities. He has developed chest pain with exertion and so in view of the finding of coronary artery calcification on his CT scan and his exertional chest pain we will refer him for a Cardiologist stress test and consideration of pulmonary rehabilitation. EKG today is within normal limits and shows no acute changes.

WPS

Wilson P. Smith, Jr., M.D.

WPS/jrs

cc: Dr. Gonda

8-2-04

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 060166

CMF ~~WPS~~ MLA

EBK JDC RVM Beth

Darla Lab

Lung and Chest Medical Associates

Name: Wm Casey "Mark" Chart#: 77168 Date: 7/29/04
 Wt: 175.4 Ht: 199 B/P: 109/86 H/R: 93 RR: 16 Temp: 98.6 O2Sat: 95% FIO2: 21

Wt 175 Ht 5' 7" B/P 124/86 H/R 93 RR 18 Temp 98.6 O2Sat 95% FIO2 21

☒ Cough	☒ Smokes	Present Illness + reason for visit:
☒ Sputum	☒ Nausea	
☒ Dyspnea	☒ Vomiting	
☒ Wheeze	☒ Diarrhea	
☒ Edema	☒ Chest Pain	
☒ Palpitations	☐ Pain	
☒ Oriented	☐ ETOH	
☐ New Allergies	☐ Fever/chills	

When was your last DEXA Bone Densometry Testing done?

Seeing new doctors? _____ For: _____

Hospitalizations or major life changes since last visit: _____

Meds. Review based on: _____ in bottle _____ on list _____ from memory

PHYSICAL EXAM: WNL/NEG ABN/POS

General Appearance _____
 *Skin/Turgor _____
 *ENT _____
 *Mouth _____
 *Sinus _____
 *Neck _____
 *Chest/Lungs: Breath Sounds _____
 Wheezes _____
 Rales _____
 Effort _____
 Symmetry _____
 *Heart: Rhythm _____
 Murmurs _____
 Gallop _____
 Tones _____
 *Abdomen _____
 *Extremities _____
 *Mobility: Gait _____
 Reflexes _____
 Aides _____

*Mental Status _____

LAB ORDER: Spirometry _____ BKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O2Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG's _____ Bun _____ Cre _____ K+ _____ Theo _____ O2Sat Exercise _____

Office Treatment: _____
 Education: Does pt want to quit smoking? Yes/No Other: pt does not smoke quit
 Materials/counseling given: pt will
 Diagnosis: _____

Diagnosis:	Plan
Abn CXR (lung fluid), 792.1	<i>Chest pain</i> → <i>Stress pain</i> <i>dent</i> <i>cardiologist</i>
Anticoagulant Circulating, 28615	
COPD, 496	
Cough, 786.2	
Dyspnea, 786.09	
Fatigue (general), 780.79	
Fever, 780.6	
ILD, 515	
Monitoring (drug name _____), V48.6	
Rhinitis, 477.9	
Sleep Apnea/Disorders (nec), 780.53	

Prescriptions: _____
 Next appt: _____ Weeks _____ Months W/ CMF WPS EBK MLA IDC RVM PA NP Signature W. M. A. Staff AF
 Next Visit: Spiro LV DLCO PA PAL Sinus DEXA BLDWK _____ Other _____

03/26/04

THOMPSON 060167



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

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Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 582-5750

WILLIAM CASEY

77168

07-29-04

X-RAY: PA & lateral of chest. Chest x-ray shows normal heart size and clear lung fields.

IMPRESSION: Normal chest.

Wilson P. Smith, Jr., M.D.
WPSjr/ns

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 060168



2030 N. CHURCH ST
 CWF WPS EBK RVN
 LUNG AND CHEST MEDICAL
 SPARTANBURG, SC, 29303
 MLA JDC BE

864:582-6858

Sample ID # 77168

Date: 07-29-04

Patient Name: William Casey

Time: 13:43

WPS

DOB: / /

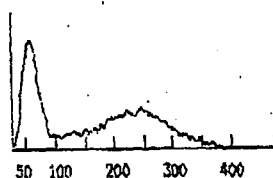
AGE: SEX:

DPR ID: 08

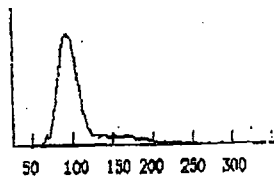
		Range #1			Range #1			Range #1			
WBC	7.8	$\times 10^3/\mu\text{L}$	4.5-11.0	RBC	4.54	$\times 10^6/\mu\text{L}$	3.90-5.10	Plt	473	$\times 10^3/\mu\text{L}$	130-400
LYM	36.2	%	20.5-51.1	Hgb	14.2	g/dL	12.0-15.6	MPV	5.9	fL	7.4-10.4
MON	4.2	%	1.7-9.3	Hct	43.2	%	36.0-46.0				
GRW	59.6	%	42.2-75.2	MCV	95.2	fL	85.0-98.0				
LYF	2.8	$\times 10^3/\mu\text{L}$	0.7-4.9	MCH	31.2	pg	28.0-33.0				
MDR	0.3	$\times 10^3/\mu\text{L}$	0.1-0.9	MCHC	32.8	g/dL	32.5-36.0				
GRF	4.6	$\times 10^3/\mu\text{L}$	1.5-7.2	RDW	12.2	%	11.5-14.5				

Sample ID # 77168

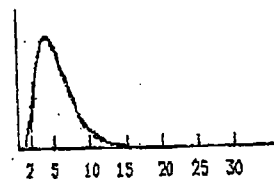
Analyzed Date & Time: 07-29-04 13:43



WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

Sample ID # 77168

Analyzed Date & Time: 07-29-04 13:43

Microscopic Examination

Neutrophil	_____	Metamyelocyte	_____	Anisocytosis	_____	Retics	_____
Band	_____	Myelocyte	_____	Hypochromia	_____	Sedimentation Rate	_____
Lymphocyte	_____	Promyelocyte	_____	Polychromasia	_____		
Monocyte	_____	Blast	_____	Poikilocytosis	_____		
Eosinophil	_____	Atypical Lymphocyte	_____	Macrocytosis	_____		
Basophil	_____	NRBCs	_____	Microcytosis	_____		

Comments:

Requested by: _____
 Reviewed by: _____
 Date: _____

THOMPSON 060170



MICHELIN

MICHELIN TIRE MANUFACTURING
US.3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: July 29, 2004

Employee's Name: William Mark Casey

Address: _____

Date original medical leave of absence: May 28, 2004

Expected date of return to work: Aug 14, 2004

Physical findings (diagnosis): clot per w.d. expert
CT Scan shows coronary artery
calcification

Treatment and/or recommendation: _____

Stress test
Absence for work until Aug 16, 2004
W.D. [Signature] M.D.

Address: _____

Telephone: _____

NOTE: Michelin employees may receive full or 60% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SR/FORMS/DLXKTLV.DOC

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060171



Lung and Chest Medical Associates

Charles M. Fogarty, M.D.
J. Douglas Clark, M.D.
Rico V. I. Mendoza, M.D.
J.P. Elm, F.N.P.

Wilson P. Smith, Jr., M.D.
E. Bert Knight, III, M.D.
Mary Lou Applebaum, M.D.
Beth V. Edwards, PA-C
Cindy Edwards, F.N.P.

Fax: (864) 585 - 2102

WILLIAM CASEY
77168
07-14-04

dob: [REDACTED] 58 Fax: (864) 582-3750
SS#: [REDACTED]

[REDACTED]

REFERRING PHYSICIAN: Self-referred.

History Mr. Casey is a 45-year-old male who presents for evaluation of chest difficulties that began in May of this year when he presented to the emergency room at Spartanburg Regional Medical Center with a complaint of chest pain. A PA chest x-ray taken at that time suggested the possibility of a foreign body. He works for Michelin Tire Company. He underwent a bronchoscopy, which was felt to be abnormal but no foreign body was identified. A subsequent CT scan done the same day did not confirm any abnormality. However it does mention that there is left anterior descending coronary artery calcifications. In 2000 he had a stress test and catheterization which was normal. Following this underwent a rigid bronchoscopy in attempt to identify foreign body and remove it. During that procedure he had a perforation of the bronchial wall by a laser which resulted in pneumomediastinum and respiratory distress. He required intubation and heavy sedation and was able to be extubated the following day. Since that time he notes fatigue during the day. He continues to have dyspnea and chest pain with exertion. He has become very anxious. His sister accompanying him for the interview notes that he seems to have experienced a change in his ability to tolerate stress and appears much more anxious and restless than she has known him to be in the past. He is a previous smoker for about 12 years but has not smoked in the past three weeks. He does snore but feels he sleeps well. He denies any hemoptysis, chronic cough or weight loss. He still has the chest pain.

Past Medical History Previous hemorrhoid surgery in 1994 and a hospitalization for evaluation of chest pain in 2000 for which he underwent cardiac catheterization.

Current Medications

1. Lipitor 20 mgs a day.
2. Bextra 20 mgs daily.
3. Tramadol 50 mgs two tablets four times a day for pain.
4. Advair twice daily.
5. Combivent four times a day.

Allergies: No known drug allergies.

Family History His father died of a heart attack. He has a sibling who died of cancer.

Social History He is divorced. He completed one year of college. He drinks occasional alcohol. He likes to play golf. He has been unable to play since his injury.
(Continued to next page)

2030 North Church Place, Spartanburg, South Carolina 29303 (864) 582-6858

Pulmonary Medicine

Critical Care

Bronchoscopy

Asthma Therapy

Sleep Disorders

THOMPSON 060172

WILLIAM CASEY
77168
07-14-04
Page Two

dob: [REDACTED] 56
SS#: [REDACTED]

Review of Systems Shows some arthritis which he manages with the Bextra. He has an elevated cholesterol for which he is on the Lipitor. He had an episode of rectal bleeding 10 years ago. He notes that he gets up three to four times during the night for micturition. He has disk problems and arthritis in his lower back.

Physical Examination

General: Middle-aged white male.

Vital Signs: BP 136/87, HR 100, Wt. 171, and SaO₂ is 95% on room air.

HEENT: Unremarkable. There is no jugular venous distention, cervical or supraclavicular adenopathy. The throat is clear.

Chest: Clear to auscultation.

Cardiac: Regular rate and rhythm without murmur or gallop.

Abdomen: Soft and nontender.

Extremities: No clubbing, cyanosis or edema.

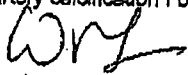
Neurological: Motor strength appears 5/5 in all extremities. Cranial II through XII nerves are intact.

Laboratory Data

Pulmonary function studies show normal vital capacity and flow rates with a vital capacity of 4.7 liters, which is 99% of predicted and forced expiratory volume that is 98% of predicted. There was no change with bronchodilator. Flow volume loop showed no evidence of upper airway obstruction. Maximum voluntary ventilation was reduced at about 70 to 77% of predicted.

Impression

1. His pulmonary function is normal and chest x-ray does not show any evidence of sequelae of his bronchial perforation. The patient brought his outside films and he did not bring a recent follow up film. Pulmonary function studies are normal. I do not find any evidence for airway obstruction that would account for his problems. But I wonder if he suffers from a posttraumatic stress disorder related to his injury and intensive care unit experience. I would like to refer him to a psychologist for further evaluation. On his return we will get a follow up chest x-ray and a diffusion capacity and in view of his CT scan suggesting left anterior descending coronary artery calcification I believe a repeat stress test might be in order.



Wilson P. Smith Jr., MD
WPSjr/ns

cc: Dr. Joseph Grace

THOMPSON 060173

WV

NAME ALERT

NG & CHEST MEDICAL ASSOCIA

#77168

PATIENT NAME William Casey DATE 7/14/09

PHYSICAL EXAM:

TEMP BP 136/87 Pulse 103 RESP HT WT 171 O₂SAT OXIMETER 95 %

HEENT:	<u>5</u>
SKIN:	
NECK:	
LUNGS:	<u>clear</u>
HEART:	<u>M/S</u>
BREASTS:	
ABDOMEN:	<u>soft</u>
EXTREMITIES:	<u>8</u>
NEUROLOGICAL	<u>Motus S/S</u>

LAB DATA:

X-RAYS: DATE _____ PFT'S: DATE _____ ABG'S: DATE _____

VALUE _____ VALUE _____

OTHER LABS:

IMPRESSION/DIAGNOSIS:

1.	<u>HSP</u>	<u>post traumatic stress</u>
2.	<u>Deficient</u>	<u>coronary calcification</u>
3.		
4.		
5.		

PLAN:

1.	<u>Refer to Psychologist</u>
2.	<u>Speech therapy</u>
3.	
4.	
5.	

NEWPT EXAM 8/19/97

DOCTOR WV

NURSING STAFF

THOMPSON 060174

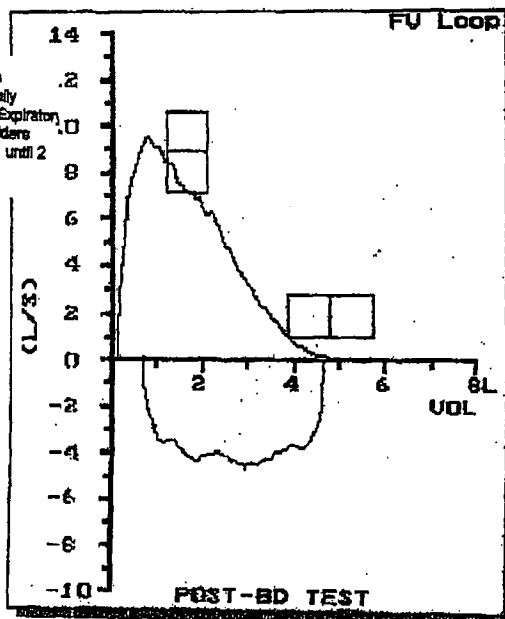
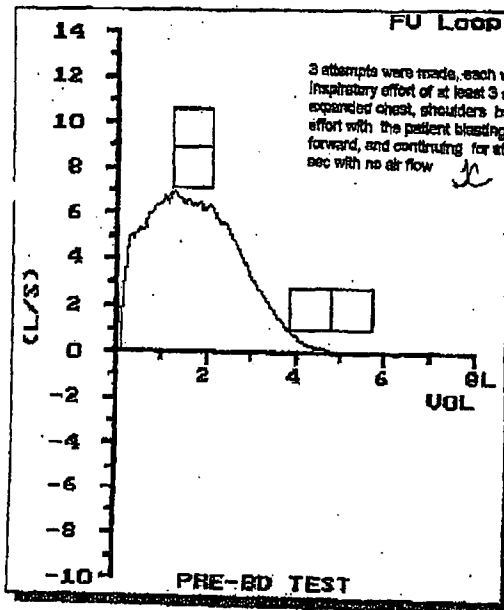
Lung and Chest Medical Associates
Multi Spiro B

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Age: 45 Weight: 171.0 lb

COMMENTS:
PRE-BD COMMENTS:

LAST CALIBRATED: Wed Jul 14, 2004 7:53:26 am

Type	Test Date and Time		Exp Time	Normals	Test#	
Pre-BD;	Wed Jul 14, 2004 10:33:01 am		7.7 secs	KNUDSON/IMTS	1	
Post-BD;	Wed Jul 14, 2004 10:45:34 am		6.0 secs	KNUDSON/IMTS	5	
INTERPRETATION Pre: NORMAL			Post: NORMAL			
Dilator: albuterol			Modifier: Not Clearly Improved			
Expire	Pre-Medication		Post-Medication		Pre-Post Change	Pred
	Actual	% Pred	Actual	% Pred	Actual	% Chg Value
FVC	4.72 L	99.31%	4.74 L	99.79%	0.02 L	0.48% 4.75 L
FEV 0.5	2.93 L	95.93%	3.08 L	100.90%	0.15 L	5.18% 3.05 L
FEV 1.0	3.78 L	97.77%	3.85 L	99.59%	0.07 L	1.87% 3.87 L
FEV 3.0	4.41 L	97.71%	4.48 L	99.40%	0.08 L	1.73% 4.51 L
FEV0.5/FVC	62.08%	96.60%	64.98%	101.11%	2.90%	0.99% 64.27%
FEV1.0/FVC	80.11%	98.44%	81.22%	99.80%	1.11%	0.29% 81.38%
FEV3.0/FVC	93.40%	98.39%	94.57%	99.61%	1.16%	0.26% 94.94%
PEF	6.88 L/S	79.33%	9.46 L/S	109.14%	2.58 L/S	37.57% 8.67 L/S
FEF 25-75%	3.86 L/S	97.89%	3.92 L/S	99.41%	0.06 L/S	1.55% 3.95 L/S
FRF 75-85%	0.83 L/S	78.50%	0.90 L/S	84.56%	0.06 L/S	7.71% 1.06 L/S
FEF 25	6.88 L/S	86.29%	8.26 L/S	103.61%	1.38 L/S	20.08% 7.97 L/S
FEF 50	5.40 L/S	116.87%	5.31 L/S	114.90%	-0.09 L/S	-1.69% 4.62 L/S
FEF 75	1.37 L/S	74.79%	1.51 L/S	82.30%	0.14 L/S	10.03% 1.83 L/S
FEF .2-1.2	5.82 L/S	79.61%	8.48 L/S	116.03%	2.66 L/S	45.75% 7.31 L/S



THOMPSON 060175

Lung and Chest Medical Associates
Multi Spiro B

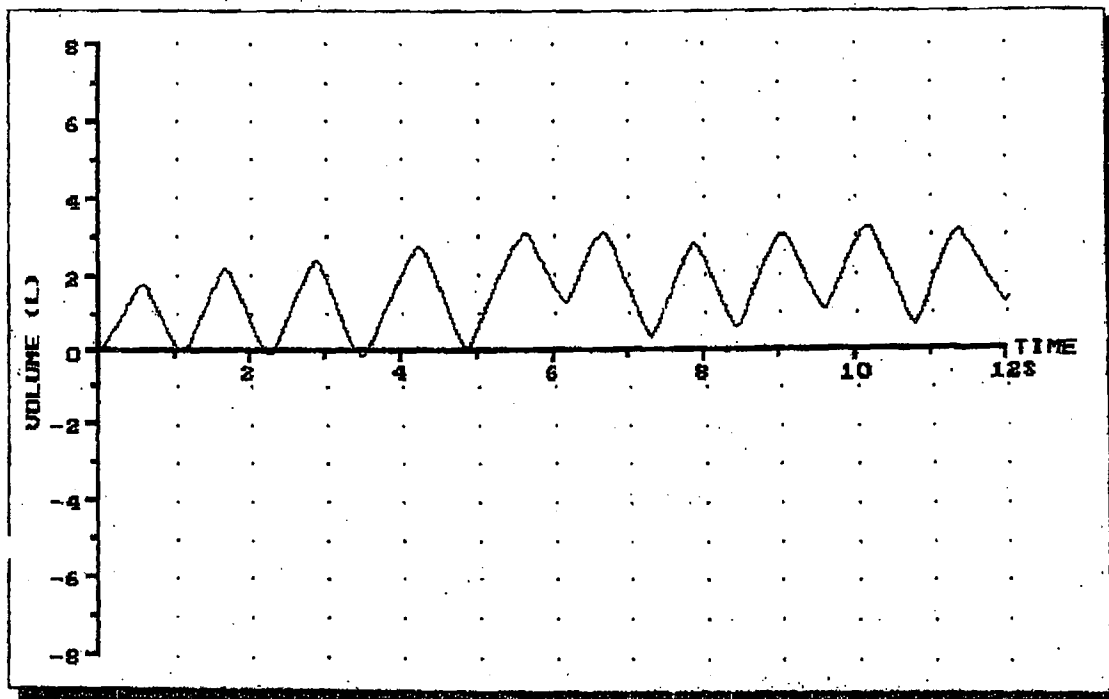
ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14, 2004

Page 1

TYPE	Test Date and Time	Exp. Time	Normals
Current:	Wed Jul 14, 2004 10:34:08 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	48.25 B/M	9.65 Breaths
MVV	117.79 L/M	4.74 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 76.8 %



THOMPSON 060176

Lung and Chest Medical Associates
Multi Spiro P

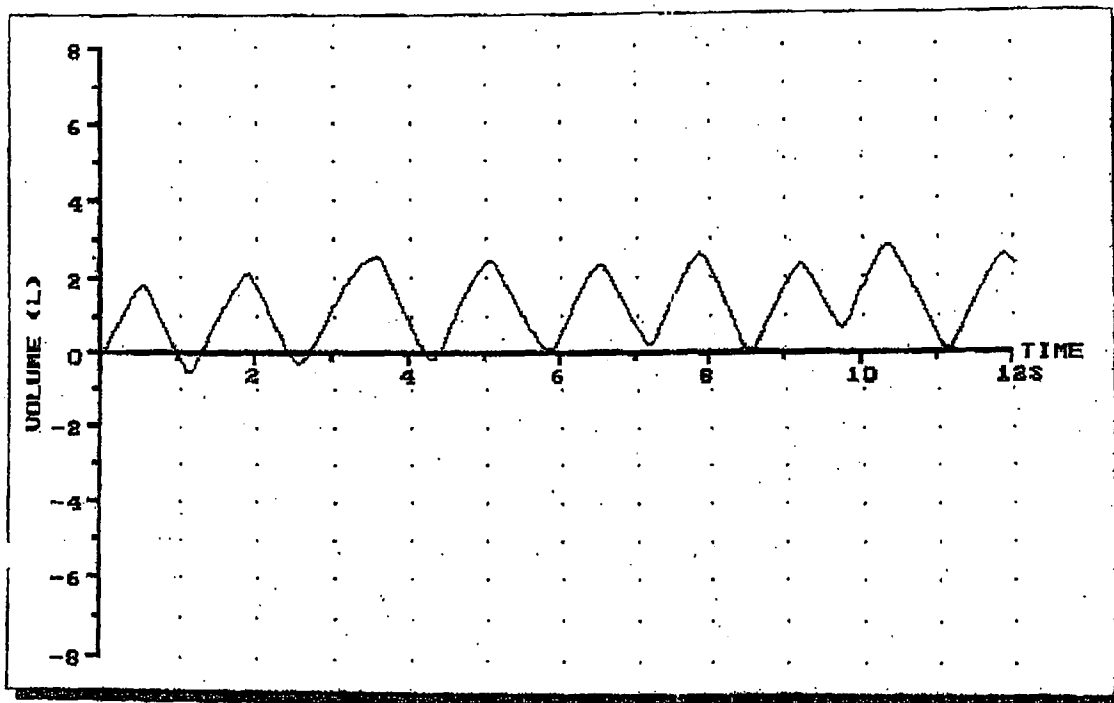
Page 1

ID: 77168 Casey, William
Ethnic: CAUCASIAN Height: 68.0 in. Sex: MALE Weight: 171.0 lb
Age: 45 Maximal Voluntary Ventilation Wed Jul 14, 2004

TYPE	Test Date and Time	Exp. Time	Normals
Current:	Wed Jul 14, 2004 10:46:34 am	12.0 secs	KNUDSON/IMTS

Result	Rate	Total
Breaths	41.53 B/M	8.31 Breaths
MVV	107.47 L/M	4.91 L

Predicted MVV = 153.34 L/M
Percent of Predicted = 70.1 %



THOMPSON 060177

MER Scan Cover Letter 473/1

Claim Number: D91109

SSN: [REDACTED]

Claimant Name: WILLIAM MARK CASEY

Vendor Name:



RQID: 0034168426D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: c8dc

TDN: 0034168426

JLA\

SCAN (3/04)

SCANNED INTO EF

THOMPSON 060178

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

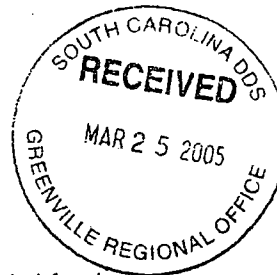
Disability Determination Services - Greenville Regional Office
 Post Office Box 3090 Greenville, SC 29602 (864) 282-4000, 1-800-868-1950, (864) 282-4473 FAX

February 15, 2005

JOSEPH O GRACE III MD
 853 NORTH CHURCH STREET
 SUITE 510
 SPARTANBURG SC 29303

RE: WILLIAM M CASPY
 AKA:
 ADD:
 WOODRUFF SC 29388
 SSN:
 DOR: [REDACTED]

DR GRACE



Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our telecommunication system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes No

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

*Not a patient
of CFM*

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
 DRG/473

Claim No: D91109

L1 (1/04)

DMA: Y



TDN: 0034168426

RECEIVED MAR 25 2005

THOMPSON 060179

Request sent to: FOOTHILLS FAMILY MEDICINE
2212 OLD FURNACE ROAD
BOILING SPRINGS SC 29316

RE: WILLIAM M CASEY
SSN: [REDACTED]

RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952
OR
IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:

MAIL INSTRUCTIONS

Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right.
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Phone No.: _____

Provider's Signature _____

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.



RQID: 0034168408D91109 SITE: S87 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 4718

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: Y

TDN: 0034168408

ACS SCANNED

SSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

mail/Bill

SDS
2/23/05

THOMPSON 060180

09/22/04

MARK CASEY

17804

Frank E. Gonda, MD

H: DEPRESSIOND: CHRONIC LOW BACK PAIN

S: Telephone conversation with psychologist Dr. Jay Grace who is following patient for anxiety and depression. Dr. Grace sent a note suggesting increasing Zoloft or adding Cymbalta. We discussed this today. I have no experience with this new medicine, and I felt uncomfortable adding it to the Zoloft. Therefore when Dr. Grace sees Mark later this week if he has not shown further improvement, patient will call and I will increase Zoloft to 150 mg q.-day. If he does not respond to that, we could switch him to Cymbalta or we could have a psychiatrist see him who may feel comfortable using both medicines together.

DNR: Frank E. Gonda, MD/jmm

10/6/04 Samples given Zoloft started • 1 pl
 Date Drug Name # Dispensed
 Lot Number: 00052044 204 Initials: GC

Patient was educated regarding proper administration, drug interactions and possible side effects. Patient has been instructed to call our office with any questions or problems.

DATE 10/6/04	TIME 3:30 PM	CALLER Dr. Jay Grace	PT NAME - CHART # Mark Casey	PHONE # 560-1512	ALL PSCO Gonda
AGE 25	WT 170	HT 5'10"	ETH W	RE 217804	
Dr. has noticed that pt has improved some in certain areas, but feels that pt needs to be referred to a psychiatrist. Want to know if you want to refer him or do you want him to. He suggests Dr. Jeff Smith or Dr. Tony Gomban. - Notified Dr. Grace he suggested to wait and discuss w/ Dr. Gonda.					
On Monday due to Dr. Gonda being off - 11/11/04					
25 to refer to psychiatrist					
DISPOSITION					
DRUG STORE					
BY: <u>Dr. Grace</u>					
OK to refer.					

10/19/04 H. in for rev - states his out of md - states he on pain scale 2° back pain - GC

ACS SCANNED

THOMPSON 060181

10/19/04

~~VERMONT CASEY~~
mark

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
H: DEPRESSION
I: HYPERCHOLESTEROLEMIA
J: ANXIETY DISORDER

- S: This 45-year-old white male is in for follow up on the above problems and for medicine refill. His anxiety and depression are slightly improved on a higher dose of Zoloft. Psychologist Dr. Jay Grace has recommended a referral to a psychiatrist in Greenville. He continues with chronic low back pain. He has been out of work for about five months, and he is still in pain just about everyday, but not as bad. He does not feel he can return to work. He brings papers in for short-term disability. He saw orthopedist Dr. Lynn Scott who felt that patient could proceed with his work. He had no problem with his returning to his current work, but he did recommend finding an alternative. Dr. Scott's diagnosis was degenerative arthritis with bulging disks in the lumbosacral spine. Patient does not believe that he can return to the work that he has been doing.
- O: Patient is in no acute distress. Blood pressure is 126/88. Pulse is 100. Weight is 177-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion in all directions, no tenderness to palpation. Straight leg raise is weakly positive on the right. Strength in the lower extremities is normal. Deep tendon reflexes are 2+.
- A: As above.
- P: Renew medications which include: Ultram, 50 mg two q.i.d., #720 with one refill; Zanaflex, 4 mg two q.h.s., #180 with one refill; Lortab-10/500, one b.i.d., #60 with two refills; Bextra, 20 mg one q.-day, #90 with one refill; Lipitor, 20 mg one q.a.m., #90 with one refill; Zoloft, 100 mg one-and-a-half tablets q.a.m., #135 with one refill. Schedule appointment with Dr. Tony Goodbar, psychiatrist in Greenville. Check a lipid profile and an ALT. Adjust medicines as needed. Papers for short-term disability completed. Will be out of work for another three months.
- DNR: Frank E. Gonda, MD/jmm

F

10/29/04. I faxed referral forms as well as records to Dr. Goodbar. I called pt. to let him know what's going on & he states he already has appt. w/ Dr. Smith on 11/10 @ 4:20.

DNR

11/2/05 Pt. in for rev-status 6 on pain scale - etc

01/12/05

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAIN
G: ERECTILE DYSFUNCTION

- S: This 46-year-old white male returns for follow up of the above problems. Since I saw him last he has seen a psychiatrist in Greenville by the name of Jeffrey Smith who has him on Cymbalta, 60 mg one a day. He is off of Zoloft. He does not think he is much better. He needs refills on his pain medicine and his Viagra. He still has back pain. He has not returned to work. He has seen several specialists for his pain and his lung problems.
- O: Patient is in no acute distress. Blood pressure is 116/84. Pulse is 68. Weight is 185-pounds. Lungs are clear with no wheezes. Heart is regular. Abdomen is soft and nontender. Back reveals good range of motion. Straight leg raise is negative.
- A: As above.
- P: Continue follow ups with the specialists. Renew Lortab-10/500 one b.i.d., #60 with two refills. Renew Viagra, 100 mg one p.o. one hour prior to relations, #10 with two refills. See him back in three months at which time he will be due his other medicines and lab updates.
- DNR: Frank E. Gonda, MD/jmm

THOMPSON 060182

010503120011241

William Casey #17804
 12/04 - pt here for med check - & problems or pain grow
 2/04 notified pt of labo-cont. med- called in Rx - etc

07/27/04 MARK CASEY

17804

Frank E. Gonda, MD

E: DYSLIPIDEMIA
 D: CHRONIC LOW BACK PAIN
 H: DEPRESSION
CHEST PAIN

- S: This 44-year-old white male is in for follow up of the above problems and for medicine refill. He has been on Lipitor now for four weeks continuously and needs lab work done to see if it has helped. He has been on Zoloft about three weeks and he thinks that he has mellowed out a little bit and is feeling a little bit better. He just got his prescription filled. He continues on his chronic back pain medicines of Ultram and Zanaflex and Bextra. No refills on that are needed. Those are mail order. He needs a refill on Lortab. He has had no side effects from the Lipitor or the Zoloft. He continues to have chest pain from his recent bronchoscopy and pneumothoracic chest tube. He has an appointment in a couple of day with Dr. Wilson Smith the Pulmonologist. The patient says that he has changed lung doctors because the others did not seem concerned over his problems.
- O: Patient is in no acute distress. Blood pressure is 120/76. Pulse is 76. Weight is 178-pounds. Neck is supple with no thyromegaly. Lungs are clear with no wheezes. Heart is regular with no murmur. Abdomen is soft and nontender. Back reveals decreased range of motion. Straight leg raise is negative. Mental status examination is normal. He is alert, oriented, and coherent. Speech is not rapid or pressured.
- A: Diagnosis as above. He appears stable. Of note is that he has not returned to work yet.
- P: Check a lipid profile and an ALT. Renew Lipitor, 20 mg one p.o. q.-p.m #90 with one refill. This is for mail order. Adjust medicine if needed. Renew Zoloft, 50 mg one q.-day #30 with two refills. No mail order for that at this time. We will see him back in two months to see how he is doing for that. Renew Lortab, 10/500 one p.o. b.i.d. for pain #60 with two refills. Continue Ultra, Zanaflex, and Bextra.
- DNR: Frank E. Gonda, MD/ejb

I

8/1/04 Dismissed w/ Dr Jay Grace - been seeing Mark x 3 wks
 better on Zoloft, still wants to ↑. still lots of anxiety.
 ↑ Zoloft 100mg + p.o. q.d #30/2 8/17/04 pt
 CVS Reidsville Rd 486-6990 10/1/04 F

10/04 Pt. states he was sent here by Dr. Grace - to discuss new med
 (Cymbalta) & ortho surg so pt can RTW - states 3 on pain scale - etc

10/04 - appt. made w/ Dr. Glenn Scott on 9/20/04 @ 10:00 — Dr. Annan m.

THOMPSON 060183

09/10/04

MARK CASEY

17804

Frank E. Gonda, MD

D: CHRONIC LOW BACK PAINH: DEPRESSIONCHEST WALL PAIN

S: This 45-year-old white male is in for follow up on the above problems. He has been to the Pain Clinic. He is not satisfied with them and is not going back. He has been seeing Jay Grace who is a psychologist. Jay recently called and asked if we could increase Zoloft to 100 mg per day. He has been on the higher dose for three weeks and thinks the medicine has helped. Mark is seen today at the request of Jay Grace who suggests we switch him to Cymbalta. This is a combination drug. I believe it is an antidepressant with a mood stabilizer. I have not used it before and I do not have any experience and have not read anything about it. Mark continues to have his chronic low back pain. He continues to have chest pain. He has seen the pulmonologist who says his lungs are fine. Jay Grace also wants him to see an orthopedist to evaluate his back pain to see if he can return to work at the same level at exertion that he has been doing in the past. Currently he continues on Ultram, Zanaflex, Lortab, and Bextra.

O: Patient is in no distress. Blood pressure is 136/94. Pulse is 100. Weight is 180-pounds. Mental status examination is normal. Physical examination is not done today.

A: As above.

P: Continue current medications. Schedule him an appointment with orthopedist Dr. Glenn Scott to evaluate his chronic low back pain and his work capacity. Will discuss with Dr. Jay Grace concerning switching his medicines. I personally think it is too early to switch since he has only been on the higher dose of Zoloft for three weeks.

DNR: Frank E. Gonda, MD/jrm

7

DATE 9/23/04	TIME 1:30	CALLER W. Mark Casey	PT. NAME - CHART # [blank]	PHONE # 486-9121	ALL P.S.C.O. [blank]	MD Gonda
AGE [blank]	WT [blank]	T [blank]	BY [blank]	MEDS. Zoloft	RE: 217804	
PT calling to see if he can up his dosage to 50 mg 9/23/04 untr/c 3pm						
DISPOSITION Cont Zoloft 100mg qd Flx 4 wks 7						
Add Zoloft 50mg qd			DRUG STORE CWS-486-	BY [blank]	TIME [blank]	A P

7 #28 samples pt. notified - samples given 9/23/04 - DNR

- we only had 2 wks. of Zoloft 50mg samples. will call pt. when we get more in DNR

9/23/04 Samples given Zoloft 50mg # 26x
Date Drug Name # Dispensed

Lot Number: 0104099 13-1-06 Initials: [blank]

Patient was educated regarding proper administration, drug interactions and side effects. Patient has been instructed to call our office with [blank]

THOMPSON 060184

72050:020001242

Date: 9/23/92 Name: Casey, William Chart#: 109107 103

Color	Prot	Bld	WBC	Cast	Bact	CC
Char	Glc	Nit	RBC	Cryst	SXT	Am CF
S.G.	Ket	Uro	Epi	Other	Pen	CB AmC
pH	Billi	Bact	Rare		Tet	F/M GM

Micro Leukocytes - x

Patient: Mark Casey

APPEA	SG	LEUK	NTT	PH	PRO	GLU	KET	URO	Bili	BLOOD	MICRO ALB	CD/B	HCG	FOB
CLEAR	1.000-1.030	NEG	NEG	5.0-8.5	NEG	NEG	NEG	NORMAL	NEG	NEG	NEG	SEL.	NEG	NEG

KOH / WET PREP

BACT — WBC 0-2 RBC: Rare EPT — CAST. 1/21 OTHER 2+ mucus

FOOTHILLS FAMILY MEDICINE

THOMPSON 060185

020501020001242
Foothills Family Medicine
2212 Old Furnace Rd.
Boiling Springs, SC 29316

William Casey
58 39 m

DH Ordered 5 diff. per Dr. Gonda *(signature)*

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

F

1/21

THOMPSON 060186

Laboratory Corporation of America

SPECIMEN TYPE PRIMARY LAB REPORT STATUS
 293-536-0800-0 S BN COMPLETE Page #: 1
 ADDITIONAL INFORMATION

FASTING: Y
 PHONE: () DOB: /1958
 PATIENT NAME SEX AGE(YR./MOS.)
 CASEY, WILLIAM M 45 / 11
 PT. ADD.:

CLINICAL INFORMATION
CD- 20236202221

PHYSICIAN ID. PATIENT ID.
 GONDA F 217804-WC
 ACCOUNT: FOOTHILLS FAMILY MEDICINE
 DRS DURHAM AND GONDA
 2212 Old Furnace Rd
 Boiling Springs SC 29316-0000
 ACCOUNT NUMBER: 39110130

DATE OF SPECIMEN TIME DATE RECEIVED DATE REPORTED TIME
 10/19/2004 9:55 10/19/2004 10/20/2004 5:45 1276

TEST	RESULT	LIMITS	LAB
Lipid Panel With LDL/HDL Ratio			
Cholesterol, Total	214 → 189 ✓ mg/dL	100 - 199	BN
> Triglycerides	314 → 347 H mg/dL	0 - 149	BN
> HDL Cholesterol	24 → 41 → 30 L mg/dL	40 - 59	BN
> VLDL Cholesterol Calc	69 H mg/dL	5 - 40	
LDL Cholesterol Calc	100 → 90 ✓ mg/dL	0 - 99	
LDL/HDL Ratio	3.0 ratio units	0.0 - 3.6	
LDL/HDL			
Men Women			
1/2 Avg. Risk 1.0 1.5			
Avg. Risk 3.6 3.2			
2X Avg. Risk 6.3 5.0			
3X Avg. Risk 8.0 6.1			
ALT (SGPT)	34 ✓ IU/L	0 - 40	BN

LAB: BN LabCorp Burlington
 1447 York Court, Burlington, NC 27215-2230

DIRECTOR: Frank Hancock MD

0.2504
 10/20/24
 JH

T.C & LDL good
 ↑ trig & ↓ HDL
 must not a diet +
 some exercise
 cont Lipitor
 10/22/24 F

Results are Flagged in Accordance with Age Dependent Reference Ranges
 Last Page of Report

THOMPSON 060187

ZBJul 2884 18:41 FROM:LABCORP L... F6
To: DR.GONDA ATTN:JANICE/LAL

TO:18645787898 012057DRP 2118001 PAGE 001
Foothills Family Medicine

209-536-0398-0		R	BN	Final	Pg 1
Time 0942		LabCorp			
Additional Information		DOB: 58 Fasting: Y			
CD- 20236201421		GONDA 217804-WC			
Patient Name		Foothills Family Medicine 39110130			
CASKY, WILLIAM		Mrs Durham And Gonda			
Sex M		2212 Old Furnace Rd			
Age 045/08/24		Boiling Springs, SC 29316			
Date Entered 07/27/04		864-578-9735			
Date Reported 07/28/04		UPIN: D17701			
0425					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Lipid Panel With LDL/HDL Ratio					
Cholesterol, Total	238 → 204	H	mg/dL	100 - 199	BN
Triglycerides	438 → 314	H	mg/dL	0 - 149	BN
HDL Cholesterol	24 → 41		mg/dL	40 - 59	BN
VLDL Cholesterol Cal			mg/dL	5 - 40	
LDL Cholesterol Calc	3 → 100	H	mg/dL	0 - 99	
Comment					

If initial LDL-cholesterol result is >100 mg/dL, assess for risk factors and refer to the ATP-III table below.

Risk Category	LDL Goal mg/dL	LDL Level (mg/dL) at which to initiate Therapeutic Changes (TLC)	LDL Level (mg/dL) at which to consider Drug Therapy
CHD	<100	>100	>or=130
2+ Risk Factors	<130	>or=130	>or=130
0-1 Risk Factors	<160	>or=160	>or=190
LDL/HDL Ratio	2.4		ratio units 0.0 - 3.6
LDL/HDL			
Men Women			
1/2 Avg.Risk 1.0 1.5			
Avg.Risk 3.6 3.2			
2X Avg.Risk 6.3 5.0			
3X Avg.Risk 8.0 6.1			
ALT (SGPT)	23 ✓	IU/L	0 - 40 BN

Lab: BN LabCorp Burlington Director: Frank Hancock, MD
1447 York Court Burlington, NC 27215-2230

For inquiries, the physician may contact: Branch: 800-762-4344 Lab: 888-200-5439
Last Page of Report

8/2/04 - notified pt
- called in Lipitor
#302
Tqd JAC

Lipids improved
cont Lipitor 20mg q day
work on diet
Flu 3 months

C/S
7/28/04 F

This document contains private and confidential health information protected by state and federal law. If you have received this document in error, please call 800-762-4344

CASEY, WILLIAM

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Report Date: 07/28/04 Report Time: 10:20 ET All Rights Reserved

THOMPSON 060188

624502210000768

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services · Greenville Regional Office
Post Office Box 3090 · Greenville, SC 29602 · (864) 282-4000 · 1-800-868-1950 · (864) 282-4473 FAX

February 15, 2005

UPSTATE LUNG & CRITICAL CARE
1091 BOILING SPRINGS ROAD
SPARTANBURG SC 29303

RE: WILLIAM M CASEY
AKA:
ADD:
WOODRUFF SC 29388
SSN: [REDACTED]
DOB: [REDACTED] 58

ATTN: MEDICAL RECORDS



Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? YES NO

Physician's Signature _____

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes ☒ No ☐

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
KMM/473

Claim No: D91109
L1 (1/04)
DMA: Y



ACS SCANNED

THOMPSON 060189

#2050-210000 68

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11686 Date 8/17/04

Wt _____ Ht _____ B/P _____ H/R _____ RR _____ Temp _____ FiO2 _____

Cough _____ Smoking _____ Present illness + reason for visit _____

Sputum _____ Nausea _____

Dyspnea _____ Vomiting _____

Wheeze _____ Diarrhea _____

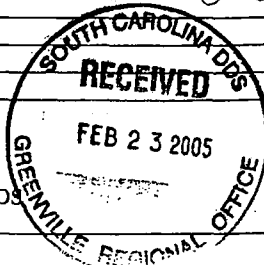
Edema _____ Chest Pain _____

Palpitations _____ Pain _____

Oriented _____ ETOL _____

New Allergies _____

Last Chest X-Ray _____

Physical Exam: ☒ WNL/NEG☐ * ABN/POS

* General Appearance _____

* Skin/Turgor _____

* NT _____

* Sinus _____

* Mouth _____

* Neck _____

* Heart: Rhythm _____

Murmurs _____

Gallop _____

Tones _____

* Abdomen _____

* Chest/Lungs: _____

Breath Sounds _____

Wheezes _____

Rales _____

Effort _____

Symmetry _____

* Extremities: _____

* Mobility: Gait _____

Reflexes _____

Aides _____

* Mental Status _____

LAB ORDER: Spirometry _____ EKG _____ Sinus _____ CBC _____ Glu _____ PT _____ INR _____ O₂Sat Rest _____

Lung Vol _____ DLCO _____ U/A _____ CXR _____ ABG'S _____ Bun _____ Cre _____ K+ _____ Theo _____

O₂Sat Rest _____

Office Treatment _____

Education _____

Diagnosis _____ Plan _____

ACS SCANNED

Prescriptions

Next Appt. _____ Wks _____ Months W/GJF JAB DRE Signature _____ Staff _____

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK _____ Other _____

THOMPSON 060190

02050221.000763

Upstate Lung And Critical Care Specialists, P.C.

F

Name: Casey William M Chart# 11686 Date 7-7-04
 Wt 171 Ht 5'8" B/P 144/88 H/R 85 RR 21 Temp 98.6 FiO2 .21
 Cough Serious Smoking quit 2 yrs Present Illness + reason for visit feels tightness
 Sputum CCG/trace Nausea + in chest, also c/o weakness @
 Dyspnea Exertion Vomiting - chest tube site, starting lung
 Wheeze scattered Diarrhea + to sleep on that side, feels
 Edema feet Chest Pain @ chest tube site like heart is diving @ throat
 Palpitations - Pain -
 Oriented yes ETOL -
 New Allergies -
 Last Chest X-Ray -

Physical Exam:

✓ WNL/NEG

* ABN/POS

* General Appearance Feel better
 * Skin/Turgor complan
 * JNT not strong/true
 * Sinus -
 * Mouth -
 * Neck -
 * Heart: Rhythm -
 Murmurs -
 Gallop -
 Tones -
 * Abdomen FLV near 100%
 * Chest/Lungs: FLV
 Breath Sounds -
 Wheezes -
 Rales -
 Effort -
 Symmetry -
 * Extremities: -
 Mobility: Gait -
 Reflexes -
 Aides -
 * Mental Status -

LAB ORDER: Spirometry - EKG - Sinus - CBC - Glu - PT - INR - O₂Sat Rest 98
 Lung Vol - DLCO - U/A - CXR - ABG'S - Bun - Cre - K+ - Theo -

O₂Sat Rest - Office Treatment Referred to Pulm Rehab - Home (RD)

Education Aspirin - Cough

Diagnosis Aspirin - Cough Plan Rehab

Prescriptions

Next Appt. - Wks - Months W/GJF - JAB - DRE - Signature [Signature] Staff -
 Next Visit: Spiro - L/V - DLCO - PA - PAL - Sinus - Dexa - BLDWK - Other -

THOMPSON 060191

01050221000 1718

SPIROMETRY REPORT
PB100 SW Rev: J-J

UPSTATE LUNG AND CRITICAL CARE

TEST DATE: 07/07/04
TIME: 15:02

Patient Name: William Casey PreMed Time: 15:03
 Patient ID: 11686 Age: 45 Height (in): 68 Weight (lbs): 171 Sex: Male Race Correction: No Smoker: Yes
 Barometric Pressure (mmHg): 760 Temp (deg F): 70 BTPS Correction: 1.110 Sensor: FS200 Insp Code: None
 Last Cal Date: 07/07/04

FVC TEST DATA - Clinical Format

BEST TEST SUMMARY

Knudson 83 Adult Predicted Normals

Measurement	PreMed	Pred	%Pred	PostMed	%Pred	%Change
FVC (L)	4.47	4.45	100%			
FEV1 (L)	3.61	3.66	99%			
%FEV1 (%)	80.76	82.42	98%			
FEF25%-75% (L/S)	3.57	3.85	93%			
PEF (L/S)	9.98	8.67	115%			
FEV3 (L)	4.26	4.24	100%			
FET (S)	4.95					

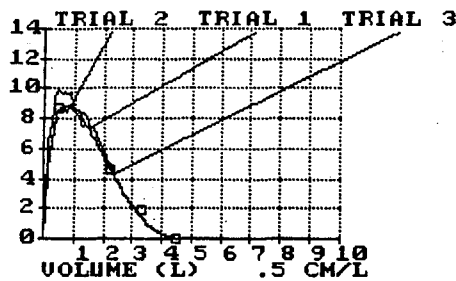
HAS Consumed / Savan
Used yesterday, not
today

Variability: PreMed: FVC = 0.0%(0ml) FEV1 = 0.3%(10ml) PEF = 10.7%

PREMED

□ = PRED
POINTI W
(L/S)

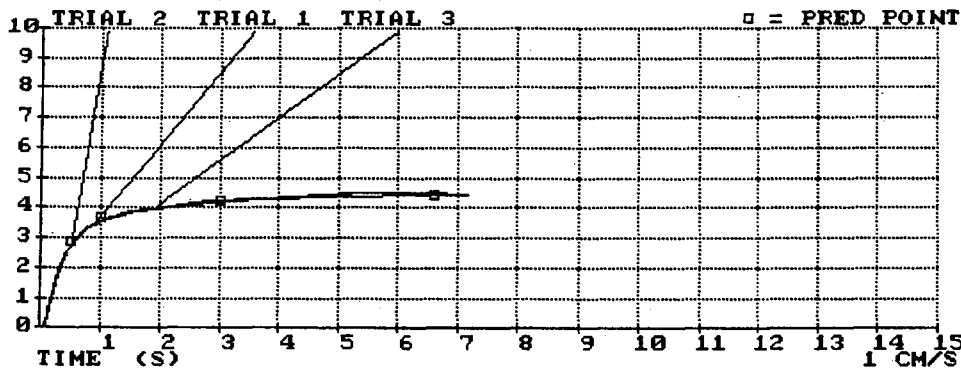
.25 CM/L/S



PREMED

VOLUME
(L)

5 CM/L



Interpretations:

ing Age: 47 years

EMED: Testing indicates normal spirometry.

Comments:

THOMPSON 060192

020502 10000700

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey William M. Chart# 11086 Date 6/25/14 ^BWt 172 Ht 68 B/P 130/90 H/R 90 RR Temp FiO2 Rh

Cough occ Smoking + Present Illness + reason for visit gets tired easily
 Sputum occ Nausea + continues to have some
 Dyspnea + Vomiting + chest tightness. Reports
 Wheeze occ Diarrhea + chronic back pain
 Edema + Chest Pain tightness continues to have trouble
 Palpitations occ Pain chronic back resting - "sister reports
 Oriented yes ETOL Pain he is pacing And he cannot
 New Allergies sit down because he hurts
 Last Chest X-Ray Pain level 3

Physical Exam:

✓ WNL/NEG

✗ ABN/POS

* General Appearance

* Skin/Turgor

* ENT

nus

* Mouth

* Neck

* Heart: Rhythm

Murmurs

Gallop

Tones

* Abdomen

* Chest/Lungs:

Breath Sounds

Wheezes

Rales

Effort

Symmetry

* Extremities:

ability: Gait

Reflexes

Aides

* Mental Status

LAB ORDER: Spirometry

EKG

Sinus

CBC

Glu

PT

INR

O₂Sat Rest

Lung Vol DLCO

U/A

CXR

ABG'S

Bun

Cre

K+

Theo

O₂Sat Rest

96%

Office Treatment

Education

Diagnosis

Chronic Pain
Brachitis

Plan

Plu. e Feldman
in 2 weeks
ambulation sleep

Prescriptions

Next Appt. Wks Months W/GJF JAB DRE Signature

Staff

Next Visit: Spiro L/V DLCO PA PAL Sinus Dexa BLDWK

Other

THOMPSON 060193

R20502210003768 F

Upstate Lung And Critical Care Specialists, P.C.

Name: Casey, William Chart# 11686 Date 6/8/04Wt 168 Ht 5'8" B/P 154/92 H/R 82 RR Temp FiO2

Cough + Smoking + Present Illness + reason for visit HFU
 Sputum 0 Nausea 0
 Dyspnea 0 Vomiting 0 C/C NONPRODUCTIVE Coughing,
 Wheeze little Diarrhea 0 little wheezing, some chest
 Edema 0 Chest Pain some pain + back pain.
 Palpitations 0 Pain back
 Oriented + ETOL
 New Allergies 0
 Last Chest X-Ray CK 0-10 6 Patient has been instructed on the
 DANGERS of Smoking and the
 importance of Stopping.

Dated: 6/8/04 by: KMSPhysical Exam: ✓ WNL/NEG✗ ABN/POS

* General Appearance
 * Skin/Turgor
 * ENT
 Nose
 Mouth
 * Neck
 * Heart: Rhythm
 Murmurs
 Gallop
 Tones
 * Abdomen
 * Chest/Lungs:
 Breath Sounds
 Wheezes
 Rales
 Effort
 Symmetry
 * Extremities:
 Mobility: Gait
 Reflexes
 Aides
 * Mental Status

LAB ORDER: Spirometry EKG Sinus CBC Glu PT INR O₂Sat Rest
 Lung Vol DLCO U/A CXR ABG'S Bun Cre K+ Theo 94/
 O₂Sat Rest

Office Treatment

Education MUST QUIT SMOKING no work 13 weeks
 Diagnosis Redwood to PA inpatient Next Appt. 8/17/04

Prescriptions Prescriptions

Next Appt. Wks Months W/GJF JAB DRE Signature Staff KMS
 Next Visit: Spiro LV DLCO PA PAL Sinus Dexa BLDWK Other

THOMPSON 060194

020510 210000768

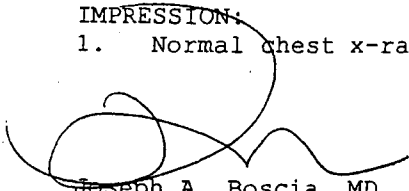
UPSTATE LUNG AND CRITICAL CARE SPECIALISTS

PATIENT NAME: William Casey
ACCOUNT #:
DATE:
JOB #: 199

CHEST X-RAY:

FINDINGS: PA and lateral of the chest were obtained today.
The heart, lungs, and bony structures are normal.

IMPRESSION:
1. Normal chest x-ray.

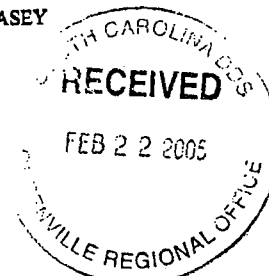


Joseph A. Boscia, MD

JAB:umt01
D: 06/11/04
R: 06/14/04
T: 06/15/04

THOMPSON 060195

Request sent to:

PIEDMONT PSYCHIATRIC SERVICES
2094 WOODRUFF ROAD
GREENVILLE SC 29607RE: WILLIAM M CASEY
SSN: [REDACTED]RETURN RECORDS BY FAX TO SCDDS AT (866) 868-7952

OR

IF RETURNING BY MAIL, FOLLOW DIRECTIONS BELOW:**MAIL INSTRUCTIONS**Insert this page into the window envelope with the address showing.
THIS PAGE MUST BE ON TOP OF YOUR REPORT.

- Mail report to address in box at right. →
- If you are sending reports on more than one person in the same envelope, place this page for each individual on top of his/her records.

PAYMENT INSTRUCTIONS

Complete information below or attach your invoice underneath the second page.

AUTHORIZATION - RETURN FOR PAYMENT

Please complete identifying information below. TO ENSURE PAYMENT, THIS FORM MUST BE PLACED ON TOP OF THE MEDICAL EVIDENCE.

- Complete the "Remit To" section below with the provider name and address as listed on file with the IRS.
- Enter the payment Amount and Provider Signature.

Remit To: _____ Amount: \$ _____

Telephone No.: _____

Provider's Signature _____

- We cannot honor a bill presented more than 45 days after the close of our fiscal year which ends September 30.

THIS PAGE MUST BE ON TOP OF YOUR REPORT.RQID: 0034168446D81108 SITE: 887 DR: F
SSN: [REDACTED] DOCTYPE: 0001 RF: D CS: 47ds

TDN: 0034168446

KMM/473
Claim No.: D91109
FAXD (8/04)
DMA: YSSA
S87 SC DDS GREENVILLE
P.O. BOX 8706
LONDON, KY 40742-9915

SCANNED INTO EF

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

22/02/05 08.49.48 RX-Fax No. 5359 (10872.1) from Status: OK p1/9

THOMPSON 060196

SOUTH CAROLINA VOCATIONAL



REHABILITATION DEPARTMENT

Larry C. Bryant, Commissioner

Disability Determination Services - Greenville Regional Office
 Post Office Box 3090 - Greenville, SC 29602 - (864) 282-4000 - 1-800-868-1950 - (864) 282-4473 FAX

February 15, 2005

PIEDMONT PSYCHIATRIC SERVICES
 2094 WOODRUFF ROAD
 GREENVILLE SC 29607

RE: WILLIAM M CASEY
 AKA:
 ADD: WOODRUFF SC 29388
 SSN: [REDACTED]
 DOB: [REDACTED]

#26562
RECEIVED
 FEB 17 2005
 BY: *SM*

JEFFREY K. SMITH MD

Your patient has applied for disability benefits under the Social Security Act. We need the following information:

Treatment Records: 05/28/04 TO PRESENT

PLEASE SEND US COPIES OF YOUR RECORDS OR A NARRATIVE prepared in your office. In a narrative please describe the HISTORY, OBJECTIVE FINDINGS, SEVERITY, ONSET, AND DURATION of impairment. For adults note the individual's ability to perform work-related physical and mental activities. For children note the child's functional abilities in learning, motor functioning, communicating and socializing, performing self-care activities, and attending and completing tasks, and include the cumulative effects of treatment and therapy.

We pay S.C. physicians \$15.00 for a copy of treatment records, for a narrative submitted through our teledictation system or for a narrative prepared in a physician's office. Out of state physicians are paid according to the fee schedule effective in that state.

Is your patient capable of handling monthly benefits in his/her own best interest? ☒ YES ☐ NO

Physician's Signature *[Signature]*

If a consultative examination is necessary, are you willing to perform the examination (including history, examination, and written report)? Yes ☒ No ☐

See the attached page for instructions on returning your report to the DDS. If you require payment and do not attach your invoice, sign on the line for "Provider's Signature" on that page. Please include that page as the TOP document with your report, with this letter underneath.

Sincerely,

Robert W. Heaton

Robert W. Heaton, Disability Examiner

PLEASE INCLUDE THIS LETTER AS PAGE 2 OF YOUR REPORT

ENC: Release, Envelope
 KMM/473

Claim No: D91109
 L1 (1/04)
 DMA: Y



PLEASE AUTHORIZE

Date: 2-17-05

Initials: *[Signature]*

Charge: 0915

THOMPSON 060197

Form Approved
OMB No. 0960-0623

WHOSE Records to be Disclosed

First	Middle	Last
NAME WILLIAM	MARK	CASEY

SSN [REDACTED]	Birthday (mm/dd/yy) [REDACTED] 1958

Address (street, city, state, zip)

Phone (area code, number)

Other (if any)

AUTHORIZATION TO DISCLOSE INFORMATION TO THE SOCIAL SECURITY ADMINISTRATION (SSA)

PLEASE READ THE ENTIRE FORM BOTH SIDES BEFORE SIGNING BELOW.

I voluntarily authorize and request disclosure (including paper, oral, and electronic interchange):

OF WHAT All my medical records, also education records and other information related to my ability to perform tasks. This includes specific permission to release:

- All records and other information regarding my treatment, hospitalization, and outpatient care for my impairment(s) including, and not limited to:
 - Psychological, psychiatric or other mental impairment(s) (excludes "psychotherapy notes" as defined in 45 CFR 164.501)
 - Drug abuse, alcoholism, or other substance abuse
 - Sickle cell anemia
 - Human Immunodeficiency Virus (HIV) infection (including acquired immunodeficiency syndrome (AIDS) or tests for HIV or sexually transmitted diseases)
 - Gene related impairments (including genetic test results)
- Information about how my impairment(s) affects my ability to complete tasks and activities of daily living, and affects my ability to work.
- Copies of educational tests or evaluations, including Individualized Educational Programs, triennial assessments, psychological and speech evaluations; and any other records that can help evaluate function; also teachers' observations and evaluations.
- Information created within 12 months after the date this authorization is signed, as well as past information.

FROM WHOM

- All medical sources (hospitals, clinics, labs, physicians, psychologists, etc.) including mental health, correctional, addiction treatment and VA health care facilities.
- All educational sources (schools, teachers, records administrators, counselors, etc.)
- Social workers/rehabilitation counselors
- Consulting examiners used by SSA
- Employers
- Others who may know about my condition (family, neighbors, friends, public officials)

*Piedmont Psychiatric SROS
5-28-04 to present*

TO WHOM

The Social Security Administration and to the State agency authorized to process my case (usually called "disability determination services"), including, contract copy services, and doctors or other professionals consulted during the process. (Also, for international claims, to the U.S. Department of State Foreign Service Post.)

PURPOSE

Determining my eligibility for benefits, including looking at the combined effect of any impairments that by themselves would not meet SSA's definition of disability; and whether I can manage such benefits.

☐ Determining whether I am capable of managing benefits ONLY (check only if applies)**EXPIRES WHEN**

This authorization is good for 12 months from the date signed (below my signature).

- I authorize the use of a copy (including electronic copy) of this form for the disclosure of the information described above.
- I understand that there are some circumstances where this information may be redisclosed to other parties (see page 2 for details).
- I may write to SSA and my sources to revoke this authorization at any time (see page 2 for details).
- SSA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
- I have read both pages of this form and agree to the disclosures above from the types of sources listed.

INDIVIDUAL authorizing disclosureSIGN IF not signed by subject of disclosure, specify basis for authority to sign
☐ Parent of minor ☐ Guardian ☐ Other personal representative (explain)(Parent/guardian sign here if two signatures required by State law) 

Date signed

Feb 8, 2005

Street Address

Phone Number (with area code)

City

WOODRUFF

State

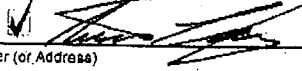
SC

Zip

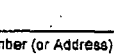
29388

WITNESS

I know the person signing this form or am satisfied of this person's identity:

SIGN 

IF needed, second witness sign here (e.g., if signed with an "X" above)

SIGN 

Phone Number (or Address)

Phone Number (or Address)

This general and special authorization to disclose was developed to comply with the provisions regarding the disclosure of medical, educational, and other information under P.L. 104-191 ("HIPAA"); 45 CFR parts 160 and 164; 42 U.S. Code section 290dd-2; 42 CFR part 2; 38 U.S. Code section 7332; 38 CFR 1.475; 20 U.S. Code section 1232g ("FERPA"); 34 CFR parts 99 and 300; and State law

THOMPSON 060198

PIEDMONT PSYCHIATRIC SERVICES

Woodruff Road Professional Park ~ 2094 Woodruff Road ~ Greenville, SC 29607

Phone: (864)676-9211 ~ Fax: (864) 676-9432

FACSIMILE TRANSMITTAL SHEET

To: SCVRD	From: Shylah Perkins, Medical Records
FAX NUMBER: 1-866-868-7952	Date: February 18, 2005
ATTN: Robert Heaton	RE: William M. Casey
PHONE NUMBER: 282-4000	DATE OF BIRTH: [REDACTED] 58
# OF PAGES INCLUDING COVER: 9	Reference: #: [REDACTED]

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS: Please see attached records from Dr. Smith dated 11-10-04 to 1-17-05.

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060199

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Wed, Nov 10, 2004 06:16 pm

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 02/17/2005 at 4:09 pm.

SUBJECTIVE:**HPI:**

46 yom referred by Dr. Joseph Grace.

See full history by Al Bennett on this same day.

He is Zoloft 160 mg qd and Ambien 10 mg one qhs prn insomnia.

He is reluctant to acknowledge depression despite symptoms that suggest this diagnosis. He does have a lot of ruminations.

He thinks Zoloft has helped take the edge of anxiety and has decreased ruminations. More withdrawn than he would like. Poor energy. Poor motivation. Interest and enthusiasm. Some insomnia, unless he takes Ambien. Some overeating. Easily agitated. No s.i. Some hopeless feelings.

No mania or psychosis.

No alcohol or drug abuse.

OBJECTIVE:**Exams:**

Affect is irritable. No s.i. or h.i. Judgement and Insight fair. No psychosis. Gait, dress, speech, and hygiene normal. Sensorium clear. No gross cognitive deficits.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Stop Zoloft.

Add Cymbalta 60 mg one qam with food. # 42 samples.

Cont. Ambien 10 mg one qhs prn insomnia.

Ret. in 3-4 wks.

CC: Joseph Grace, PhD

Major depression, single episode, moderate

Orders:

80882 Pharmacologic management with no more than minimal medical psychotherapy

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22/02/05 08.49.48 RX-Fax No. 5359 (10872.1) from Status: OK p6/9

THOMPSON 060200

Feb 22 2005 9:00

HP LASERJET 3330

P. 7

TELEPHONE NOTE

Date: 11/23/2004 02:18 PM

Patient: Casey, William M. DOB: [REDACTED] 1988

Author: Smith, MD, Jeffrey K

1 of 1

Insomnia.

P:

Okay to increase Ambien to 10 mg one or two qhs.

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22/02/05 08.49.48 RX-Fax No. 5359 (10872.1) from Status: OK p7/9

THOMPSON 060201

6158

Casey, William M. [REDACTED] 1958

1 of 1

Office/Outpatient Visit

Visit Date: Wed, Dec 15, 2004 10:14 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

This note has not been signed and may be incomplete. Printed on 02/17/2005 at 4:09 pm.

SUBJECTIVE:

HPI:

Over the past 10 days, he is feeling better with more motivation and interest. No medication s.e. now--had some early nausea. Sleep is good on 20 mg Ambien.

OBJECTIVE:

Exam:

Affect is less constricted.

ASSESSMENT:

296.22 Major depression, single episode, moderate

PLAN:

Cont. Cymbalta 60 mg one qam and give it more time to work.

Cont. Ambien 10 mg two qhs pm insomnia. He does not take this every night.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060202

Feb 22 2005 9:00

HP LASERJET 3330

p. 9

Casey, William M. [REDACTED] 1968

Office/Outpatient Visit

Visit Date: Mon, Jan 17, 2005 10:17 am

Provider: Jeffrey Smith, MD, M.D. (Supervisor: Jeffrey Smith, MD, M.D.)

Location: Piedmont Psychiatric Services

1 of 1

This note has not been signed and may be incomplete. Printed on 02/17/2005 at 4:09 pm.

SUBJECTIVE:

HPI:

"Some really good days." But, room for improvement in mood. No medication s.e. No s.i.

OBJECTIVE:

Exam:

Affect is still down.

ASSESSMENT:

298.22 Major depression, single episode, moderate

PLAN:

Increase Cymbalta 60 mg two qam.

Cont. Ambien 10 mg one or two qhs pm insomnia.

Ret. in 4 wks.

Major depression, single episode, moderate

Orders:

90862 Pharmacologic management with no more than minimal medical psychotherapy

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22/02/05 08.49.48 RX-Fax No. 5359 (10872.1) from Status: OK p9/9

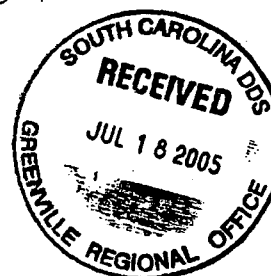
THOMPSON 060203

6160

010507130001037
Joseph G. Grace III, Ph.D.
Licensed Counseling Psychologist
 853 N. Church Street, Suite 510
 Spartanburg, South Carolina 29303
 (864) 560-1512

584/1

PMA
 091109
 *cleared case



INTELLECTUAL ASSESSMENT

NAME: William Mark Casey
AGE: 45
DATE OF BIRTH: [REDACTED] 58
SS #: [REDACTED]
EDUCATION: Completed a year of college
OCCUPATION: Disabled (Formerly a production worker with Michelin Tire Co.)
MARITAL STATUS: Separated

COMPONENTS OF THE ASSESSMENT:

Spartanburg County School District #6 cumulative academic records of Mark Casey (10/17/66 - 06/08/77)
 Wechsler Adult Intelligence Scale - 3rd Edition (WAIS-III) (06/02/05)

REVIEW OF MARK CASEY'S ACADEMIC RECORDS:

Mark Casey was administered three intelligence tests (readiness level ability testing) in the 2nd, 4th, and 6th grades. In the 2nd grade Mr. Casey earned an IQ score of 107 (67th percentile), in the 4th grade he earned an IQ score 115 (84th percentile), and in the 6th grade he earned an IQ score of 113 (81st percentile). Further, his achievement test scores from 2nd grade (1966) through 10th grade (1975) range from highs of 99th percentile to a low of 17th percentile with the vast majority of scores being above the 65th percentile. Also, Mr. Casey's Dorman Senior High School transcript reflects a well-rounded student who was a versatile athlete.

EX# 473 DATE CL 7-14-05 DS 584 584
 ALLOWED - DENIED CONT - CEASED
 BASIS: (T2) ONSET (N) DIB
 T16 ONSET RC

MAK
 7/15/05

SCANNED INTO EF

THOMPSON 060204

010767120001517

BEHAVIORAL OBSERVATIONS OF MARK CASEY FROM RECENT IQ TESTING:

Mr. Casey was administered the WAIS-III on 06/02/05. He appeared to make a conscientious effort throughout the thirteen test sections, but became frustrated and even dejected on Subtests in which he performed below his own expectations. Also, Mr. Casey exhibited lapses in concentration and memory, particularly on Subtests requiring abstract reasoning.

ANALYSIS OF TEST DATA:

Mark Casey earned a Full Scale IQ score of 97 (42nd percentile) on the Wechsler Adult Intelligence Scale – 3rd Edition. He earned a Verbal IQ score of 100 (50th percentile) and a Performance IQ score of 91 (27th percentile). These scores fall within the lower half of the “average” range of intellectual functioning (90 – 109). His Working Memory Index score of 106 (66th percentile) is his highest, while his Processing Speed Index score of 73 (4th percentile) is his lowest. Mr. Casey earned a Verbal Comprehension Index score of 100 (50th percentile) and a Perceptual Organization Index score of 99 (47th percentile). His Subtest scaled scores are as follows:

<u>Verbal Subtests</u>		<u>Performance Subtests</u>	
Vocabulary	11	Picture Completion	10
Similarities	10	Digital Symbol – Coding	4
Arithmetic	10	Block Design	9
Digit Span	11	Matrix Reasoning	11
Information	9	Picture Arrangement	10
Comprehension	10	Symbol Search	6
Letter–Number Sequencing	12		

The mean score for all Wechsler Subtests is 10 with a normal range of 8-12. Thus, Mr. Casey’s scores on the two Processing Speed Index Subtests of Digit Symbol – Coding (4) and Symbol Search (6) are far below the normal range. These two Subtests are measures of visual perception analysis (ability to ascribe meaning to symbols, identify and discriminate between symbols); short-term visual memory; and visual-motor dexterity, speed and accuracy.

SUMMARY:

A review of Mr. Mark Casey’s school records reveal that he was administered three IQ tests between the ages of about 7 and 12 years old. The average of these three ability measures is about 112 which placed him at the 79th percentile intellectually. Also, the vast majority of his achievement test scores between the 2nd and 11th grades are at or above the 65th percentile. However, Mr. Casey obtained a Full Scale IQ score of 97 (42nd percentile) on intellectual testing administered in June 2005. Further, he earned very deficient scores on Subtests involving processing speed (visual perception analysis; short-term visual memory; and visual-motor dexterity, speed and accuracy). IQ/intellectual

THOMPSON 060205

010507130061037

ability scores by test design remain unchanged over the course of one's lifetime except in the event of neurological disease or brain injury. Since there is a significant discrepancy between Mr. Casey's early intellectual ability measures and current IQ test results, the only reasonable conclusion is that he has experienced a neurological event which has diminished his ability to process information and perform in a number of areas as effectively as he once did.


Joseph G. Grace, III, Ph.D.
Licensed Counseling Psychologist
S. C. License # 278
June 17, 2005

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THOMPSON 060206



MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 2-17-05

Employee's Name: WILLIAM MARC CASEY

Address: 21 WOODRUFF, S.C., 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: POSSIBLY BY 4-11-05

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER (296.23)
PANIC DISORDER & AGORAPHOBIA (300.21)
DEMENTIA PROBABLY DUE TO ANEXIA (294.11)

Treatment and/or recommendation: PT. IS BEING FOLLOWED BY A GREEN-
VILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRESCRIBED CYNBALTA
60 MG, Q.D. AND I HAVE BEEN PROVIDING INDIVIDUAL, BI-WEEKLY,
COGNITIVE PSYCHOTHERAPY.

JOSEPH G. GRACE, III Ph.D.
LICENSED PSYCHOLOGIST
Address: 853 N. CHURCH ST., SUITE 510
SPARTANBURG, S.C., 29303
Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperative would be appreciated.

LCT/SP/FORMS/DEXTLYV.DOC

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060207



MICHELIN

MICHELIN TIRE MANUFACTURING
US-3 Facility Personnel
Post Office Box 5049
Spartanburg, SC 29304
864-599-3157, Office
864-599-3222, Fax

**ATTENDING PHYSICIAN'S REPORT
(FOR EXTENDED LEAVES OF ABSENCE)**

Date: 12-27-04

Employee's Name: WILLIAM MARK CASEY

Address: WOODRUFF, S.C. 29388

Date original medical leave of absence: 5-28-04

Expected date of return to work: HOPEFULLY 6 TO 8 WEEKS (2-21-05)
ESTIMATE

Physical findings (diagnosis): MAJOR DEPRESSIVE DISORDER

SINGLE EPISODE (296.23), PANIC DISORDER WITH
AGORAPHOBIA (300.21) (BOTH AXIS I DIAGNOSES)

Treatment and/or recommendation: IS BEING FOLLOWED BY A

GREENVILLE PSYCHIATRIST, JEFFREY SMITH, M.D., WHO PRE-
SCRIBED CYMBALTAM 40 MG. Q.D. AND I HAVE BEEN PROVIDING
INDIVIDUAL, BILATERAL, COGNITIVE PSYCHOTHERAPY.

Ph.D.

Address: JOSEPH G. GRACE III, M.D.
LICENSIED PSYCHOLOGIST
853 NORTH CHURCH ST., SUITE 510
SPARTANBURG, S.C. 29303

Telephone: (864) 560-1512

NOTE: Michelin employees may receive full or 50% pay during Medical Leave of Absence. Verification of information regarding this request for leave would be greatly appreciated. To assure continuity in the employee's pay, this form must be returned promptly. Your cooperation would be appreciated.

LCF/SP/FORMS/DLX/TLN.DOC

THOMPSON 060208

September 16, 2004

Frank E. Gonda, MD
2212 Old Furnace Rd.
Spartanburg, SC 29316
Fax #: 578-7098

Re: William Mark Casey
D.O.B. [REDACTED] /58
SS# [REDACTED]

Dear Frank,

I have been following Mark Casey on a weekly basis and saw him most recently on September 16, 2004. He reportedly has been taking Zoloft, 100 mg per day for about eight weeks now as you prescribed. He estimated that he has gained about 50% benefit from Zoloft, but for about the past four weeks he seems to have plateaued and there appears to be no subjective or objective improvements. Thus, the following depressive symptoms persist: initial and terminal sleep disturbances, depressive affect most days with atypical cynicism, irritability with low frustration tolerance, anxiety and restlessness, atypical somatic symptoms, excessive worry, easily fatigued, and an inability to deal with normal life stresses.

On August 9, 2004, I administered to Mark the MMPI-II. The validity scales indicate that his test results are valid and the clinical picture is probably unchanged since that test administration. The clinical scales of his MMPI-II indicate that he is moderately depressed, moderately anxiety, but in good reality contact. He is prone to develop ulcers and other GI disturbances under stress. Also, he is prone to sudden anxiety and panic episodes. Test results confirm that he is overwhelmed with problems, is guilt-ridden, and has feeling of inadequacy and unworthiness. He tends to be quite despondent and is slowed in thought and action. Mark is also inclined to experience obsessional thoughts which trigger compulsive behaviors. His personality profile also indicates that he is angry and resentful, rigid and stubborn. He tends to be suspicious and inclined to question the motives of others. However, when not overwhelmed and depressed, he is likely to be much more adaptable, dependable and responsible. In addition, when not in an emotional crisis, he is probably realistic and practical, and is viewed by others as sociable, friendly and enthusiastic.

FILE COPY

THOMPSON 060209

01070710001737

Page Two
RE: Wm. Mark Casey
September 16, 2004

Mark has a twenty-plus year history with Michelin and reportedly has been a very productive employee. He indicated, however, that he has been out of work since May 28th and several very recent phone calls from Michelin supervisors indicate that his job may be in jeopardy. Thus, it seems only reasonable that we accelerate his treatment in an effort to expedite his return to work. The simplest solution seems to be to increase his Zoloft to 150 mg per day. Another possibility would be to augment the therapeutic benefit of Zoloft with a second anti-depressant such as Cymbalta. Cymbalta would probably be a good choice since it would be combining the serotonergic benefits of Zoloft with the norenergic benefits of Cymbalta. Also, the addition of BuSpar could be helpful in the treatment of Mark's numerous anxiety symptoms.

If you are not comfortable, Frank, with a more complex psychotropic regimen, then either you or I can refer him to one of the Greenville psychiatrists with the recommendation that he be seen at their earliest opening. Michelin is not really satisfied with Mark being out on a three and one-half month leave under the care of a family physician and psychologist for a psychiatric disorder. However, since it could take two to three weeks for Mark to be seen by a psychiatrist, please consider a medication increase/change in the meantime.

Please advise (560-1512).

Sincerely yours,

Jay Grace, Ph.D.
Licensed Counseling Psychologist

THOMPSON 060210

THOMPSON 060211

SOCIAL SECURITY DECISION

Form Approved
OMB No. 0960-0566Social Security Administration
Consent for Release of Information

TO: Social Security Administration

William Mark Casey
Name11/3/58
Date of Birth[REDACTED]
Social Security Number

I authorize the Social Security Administration to release information or records about me to:

NAME	ADDRESS
<u>H. Spencer King, Esq.</u>	<u>Spartanburg, SC 29304</u>
<u>Ray E. Thompson, Jr., Esq.</u>	<u>Spartanburg, SC 29304</u>
<u>F. Milton Mann, Jr., Esq.</u>	<u>Spartanburg, SC 29303</u>

I want this information released because:

Pending medical malpractice lawsuit.

(There may be a charge for releasing information.)

Please release the following information:

- ☐ Social Security Number
☐ Identifying information (includes date and place of birth, parents' names)
☒ Monthly Social Security benefit amount
☒ Monthly Supplemental Security Income payment amount
☒ Information about benefits/payments I received from 2000 to Present
☒ Information about my Medicare claim/coverage from 2000 to Present
 (specify) _____
☒ Medical records
☒ Record(s) from my file (specify) All applications for Social Security Disability, all Disability Report Forms (SSA-3368)
☒ Other (specify) all Claimant Medication Forms (HA-4632), all Forms HA-4631, all forms SSA-3301, and all forms SSA-3441.

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____

Relationship: _____

Form SSA-3288 (5-2007) EF (5-2007)

THOMPSON 060212

FROM :

PHONE NO. : 8645825853

Jan. 03 2007 03:27AM P2



SOCIAL SECURITY ADMINISTRATION

RECEIVED SEP 28 2006

Refer To: [REDACTED]

Office of Disability Adjudication and Review
Suite 200
300 University Ridge
Greenville, SC 29601-3698

Date: SEP 19 2006

William Mark Casey

Woodruff, SC 29388

LM
9/25/06

Posted
9/29/06

NOTICE OF DECISION – FULLY FAVORABLE

I have made a fully favorable decision in your case. My decision is based on your application for Disability Insurance Benefits protectively filed on February 1, 2005.

I announced the basis for my decision at the hearing held on September 15, 2006. I adopt here those findings of fact and reasons.

To summarize briefly, I found you disabled on May 28, 2004, because of a breathing disorder, low back pain, and depression. You have severe impairments that render you unable to perform any work existing in significant numbers in the national economy.

A review of the claimant's disability status is recommended within 24 months of the date of this decision.

If you want more information about my decision, you or your representative should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

This Decision is Fully Favorable To You

Another office will process the decision and send you a letter about your benefits. Your local Social Security office or another may first ask you for more information. If you do not hear anything for 60 days, contact your local office.

The Appeals Council May Review The Decision On Its Own

The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

THOMPSON 060213

FROM :

PHONE NO. : 8645825853

Jan. 03 2007 03:28AM P3

William Mark Casey ([REDACTED])

Page 2 of 2

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255. Please put the Social Security number shown above on any appeal you file.

Time To File An Appeal

To file an appeal, you must file your request for review **within 60 days** from the date you get this notice.

The Appeals Council assumes you got the notice 5 days after the date shown above unless you show you did not get it within the 5-day period. The Council will dismiss a late request unless you show you had a good reason for not filing it on time.

Time To Submit New Evidence

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

How An Appeal Works

Our regulations state the rules the Appeals Council applies to decide when and how to review a case. These rules appear in the Code of Federal Regulations, Title 20, Chapter III, Part 404, Subpart J.

If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulations exists. Section 404.970 of the regulations lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060214

FROM :

PHONE NO. : 8645825853

Jan. 03 2007 03:29AM P4

William Mark Casey ([REDACTED])

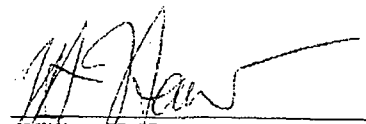
Page 3 of 3

If No Appeal And No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

If You Have Any Questions

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (864)583-8223. Its address is Social Security, 140 Magnolia St, Spartanburg, SC 29306-2358.


William H. Hauser
Administrative Law Judge

cc: ✓ George H. Thomason
Attorney at Law
PO Box 772
Spartanburg, SC 29304

THOMPSON 060215

6172

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

FROM :

PHONE NO. : 8645825853

Jan. 03 2007 03:29AM P5

**SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review**

ORDER

IN THE CASE OF

CLAIM FOR

William Mark Casey
(Claimant)

Period of Disability and
Disability Insurance Benefits

William Mark Casey
(Wage Earner)

[REDACTED]
(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits.

My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

HOW TO ASK US TO REVIEW THE FEE AGREEMENT DETERMINATION

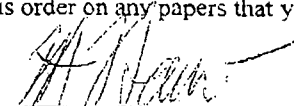
You or your representative may ask us to review the determination on the fee agreement. If you decide to ask us for a review, write us within 15 days from the day you get this order. Tell us that you disagree and give your reasons.

Send your request to this address:

**Ollie Garmon
Regional Chief Administrative Law Judge
SSA ODAR Regional OFC
Ste 20T10
61 Forsyth St Sw
Atlanta, GA 30303**

Your representative also has 15 days to write us if he or she does not agree with the determination on the fee agreement.

You should include the social security number(s) shown on this order on any papers that you send us.



William H. Hauser
Administrative Law Judge

Date

THOMPSON 060216

8645825853

FROM :

PHONE NO. : 8645825853

Oct. 23 2006 02:07AM P1



SOCIAL SECURITY ADMINISTRATION

RECEIVED SEP 28 2006

Refer To: [REDACTED]

Office of Disability Adjudication and Review
Suite 200
300 University Ridge
Greenville, SC 29601-3698

Date: SEP 19 2006

William Mark Casey

Woodruff, SC 29388

LM
9/28/06

Posted
9/29/06

NOTICE OF DECISION - FULLY FAVORABLE

I have made a fully favorable decision in your case. My decision is based on your application for Disability Insurance Benefits protectively filed on February 1, 2005.

I announced the basis for my decision at the hearing held on September 15, 2006. I adopt here those findings of fact and reasons.

To summarize briefly, I found you disabled on May 28, 2004, because of a breathing disorder, low back pain, and depression. You have severe impairments that render you unable to perform any work existing in significant numbers in the national economy.

A review of the claimant's disability status is recommended within 24 months of the date of this decision.

If you want more information about my decision, you or your representative should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

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The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

THOMPSON 060217

FROM :

PHONE NO. : 8645825853

Oct. 23 2006 02:07AM P2

William Mark Casey ([REDACTED])

Page 2 of 2

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

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Time To Submit New Evidence

You should submit any new evidence you wish to the Appeals Council to consider **with** your request for review.

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On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

THOMPSON 060218

FROM :

PHONE NO. : 8645825853

Oct. 23 2006 02:08AM P3

William Mark Casey ([REDACTED])

Page 3 of 3

If No Appeal And No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

If You Have Any Questions

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (864)583-8223. Its address is Social Security, 140 Magnolia St, Spartanburg, SC 29306-2358.


William H. Hauser
Administrative Law Judge

cc: ✓ George H. Thomason
Attorney at Law
PO Box 772
Spartanburg, SC 29304

THOMPSON 060219

6176

ELECTRONICALLY FILED - 2017 Jun 19 4:44 PM - SPARTANBURG - COMMON PLEAS - CASE#2010CP4205743

8645825853

FROM:

PHONE NO. : 8645825853

Mar. 20 2007 07:14PM P1

Thomason & French

George H. Thomason
Robert S. French

ATTORNEYS AT LAW
164 OAKLAND AVENUE
SPARTANBURG, SOUTH CAROLINA
TELEPHONE (864) 582-5857
FAX (864) 582-5853

MAILING ADDRESS:
POST OFFICE BOX 772
SPARTANBURG, SOUTH CAROLINA 29304

Referred
3/21/07 *U.M.*

FAX TRANSMITTAL

DATE: January 3, 2007

TO: Attn: Karen
Attorney Chuck Thompson's office

FAX: (864) 583-6927

FROM: George H. Thomason, Attorney at Law

✓ *325856*
THIS FAX CONSISTS OF 5 PAGES INCLUDING COVER PAGE.

RE: William Mark Casey
DOB: [REDACTED]/58

THOMPSON 060220



SOCIAL SECURITY ADMINISTRATION

RECEIVED SEP 28 2006

Refer To: [REDACTED]

Office of Disability Adjudication and Review
Suite 200
300 University Ridge
Greenville, SC 29601-3698

Date: SEP 19 2006

William Mark Casey

Woodruff, SC 29388

4m
9/28/06

Posted
9/29/06

NOTICE OF DECISION - FULLY FAVORABLE

I have made a fully favorable decision in your case. My decision is based on your application for Disability Insurance Benefits protectively filed on February 1, 2005.

I announced the basis for my decision at the hearing held on September 15, 2006. I adopt here those findings of fact and reasons.

To summarize briefly, I found you disabled on May 28, 2004, because of a breathing disorder, low back pain, and depression. You have severe impairments that render you unable to perform any work existing in significant numbers in the national economy.

A review of the claimant's disability status is recommended within 24 months of the date of this decision.

If you want more information about my decision, you or your representative should file a written request for this information at any local Social Security office or a hearing office. Please include the Social Security number shown above on your request. If you ask for it, we will provide you with a record of my oral decision at the hearing.

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The Appeals Council may decide to review my decision even though you do not ask it to do so. To do that, the Council must mail you a notice about its review within 60 days from the date shown above. Review at the Council's own motion could make the decision less favorable or unfavorable to you.

Mar. 20 2007 07:14PM P2

PHONE NO. : 8645825853

FROM :

THOMPSON 060221

William Mark Casey ([REDACTED])

Page 2 of 2

If You Disagree With The Decision

If you believe my decision is not fully favorable to you, or if you disagree with it for any reason, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative, if you choose to appoint one, must request the Appeals Council to review the decision. You must make the request in writing. You may use our Request for Review form, HA-520, or write a letter.

You may file your request at any local Social Security office or a hearing office. You may also mail your request right to the **Appeals Council, Office of Disability Adjudication and Review, 5107 Leesburg Pike, Falls Church, VA 22041-3255**. Please put the Social Security number shown above on any appeal you file.

Time To File An Appeal

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If you file an appeal, the Council will consider all of my decision, even the parts with which you agree. The Council may review your case for any reason. It **will** review your case if one of the reasons for review listed in our regulations exists. Section 404.970 of the regulations lists these reasons.

Requesting review places the entire record of your case before the Council. Review can make any part of my decision more or less favorable or unfavorable to you.

On review, the Council may itself consider the issues and decide your case. The Council may also send it back to an Administrative Law Judge for a new decision.

Mar. 20 2007 07:15PM P3

PHONE NO. : 8645825853

FROM :

THOMPSON 060222

William Mark Casey ([REDACTED])

Page 3 of 3

If No Appeal And No Appeals Council Review

If you do not appeal and the Council does not review my decision on its own motion, you will not have a right to court review. My decision will be a final decision that can be changed only under special rules.

If You Have Any Questions

If you have any questions, you may call, write or visit any Social Security office. If you visit an office, please bring this notice and decision with you. The telephone number of the local office that serves your area is (864)583-8223. Its address is Social Security, 140 Magnolia St, Spartanburg, SC 29306-2358.


William H. Hauser
Administrative Law Judge

cc: ✓ George H. Thomason
Attorney at Law
PO Box 772
Spartanburg, SC 29304

Mar. 20 2007 07:16PM P4

PHONE NO. : 8645825853

FROM :

THOMPSON 060223

6180

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER

IN THE CASE OF

CLAIM FOR

William Mark Casey
(Claimant)

Period of Disability and
Disability Insurance Benefits

William Mark Casey
(Wage Earner)

[REDACTED]
(Social Security Number)

I approve the fee agreement between the claimant and his representative subject to the condition that the claim results in past-due benefits.

My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

HOW TO ASK US TO REVIEW THE FEE AGREEMENT DETERMINATION

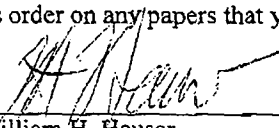
You or your representative may ask us to review the determination on the fee agreement. If you decide to ask us for a review, write us within 15 days from the day you get this order. Tell us that you disagree and give your reasons.

Send your request to this address:

Ollie Garmon
Regional Chief Administrative Law Judge
SSA ODAR Regional OFC
Ste 20T10
61 Forsyth St Sw
Atlanta, GA 30303

Your representative also has 15 days to write us if he or she does not agree with the determination on the fee agreement.

You should include the social security number(s) shown on this order on any papers that you send us.



William H. Hauser
Administrative Law Judge

Date

SEP 19 2006

Mar. 20 2007 07:16PM PS

PHONE NO. : 8645825853

FROM :

THOMPSON 060224

fax to
Hecker

THOMPSON 060225

WhitePages.com

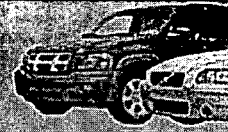
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Hecker Benson

506 Pettigru Street, Greenville, SC 29601

[map](#) | [driving directions](#)

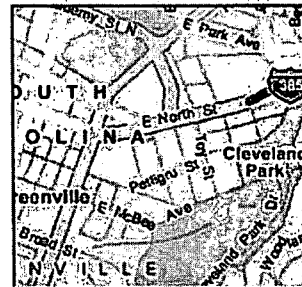
[Not Yet Rated](#)
Rate It & Win!

Products & Services:

- Rehabilitation Equipment

phone: (864) 242-1142

246-1158(H)
phone: (864) 242-1142 (H)
Joe → 246-8755(H)
L → 232-4195



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Appears in the Category:
[Rehabilitation Services](#)

Data provided by one or more of the following: Verizon Directories Corp., Axiom, Amacal, or lawyers.com.

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Problems with Alcohol or Drugs? Call us 24 hours for Help.

[business profile](#) | [phone](#)

[www.recoveryconnection.org](#)

Lakeview Health System

LHS provides exclusive residential s abuse treatment programs.

[business profile](#) | [phone](#)

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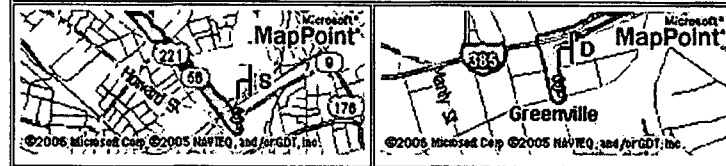
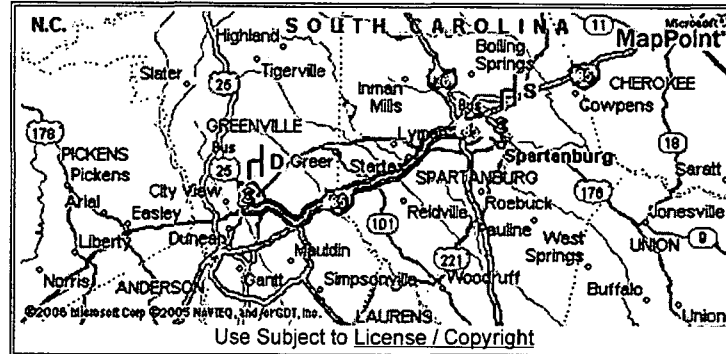
10/6/2006

THOMPSON 060226

Your directions are below.

You can also [create a map](#) or get additional [driving directions](#).

Door to Door Directions



Start 260 N Church St Spartanburg, SC 29306-5141	Destination 506 Pettigru St Greenville, SC 29601-3117 (864) 242-1142

Total Distance:	31.0 miles
Estimated Time:	31 minutes
Directions	Distance
1: Depart on US-221 [SR-56] (North)	0.7 miles
2: Keep LEFT onto SR-56 [Asheville Hwy]	2.2 miles
3: At roundabout, take the FIFTH exit onto Ramp	0.2 miles
4: Merge onto I-85 Bus [Veterans Pkwy]	4.0 miles
5: Merge onto I-85 [F Hugh Atkins Hwy]	17.4 miles
6: At exit 51, turn RIGHT onto Ramp	0.0 miles
7: Take Ramp (RIGHT) onto I-385	6.0 miles
8: Keep STRAIGHT onto I-385 Spur [E North St]	0.0 miles
9: Turn LEFT (South-East) onto Boyce Ave	0.1 miles
10: Arrive	0.0 miles

6/2004 S/4
Dorman 1977 26/17
straight out
7 years -
21 yrs Starting
\$9.00 \$9.00
\$2.10 \$2.10
401K
Retirement

THOMPSON 060228

Cashy
SOC. SEC. disclosure
research

THOMPSON 060229

Exempts 20 C.F.R. Part 401

§ 401.30

records; provided, that such personal papers are not used by the employee or the Agency to determine any rights, benefits, or privileges of individuals.

We and our mean the Social Security Administration.

Subpart B—The Privacy Act**§ 401.30 Privacy Act responsibilities.**

(a) *Policy.* Our policy is to protect the privacy of individuals to the fullest extent possible while nonetheless permitting the exchange of records required to fulfill our administrative and program responsibilities, and responsibilities for disclosing records which the general public is entitled to have under the Freedom of Information Act, 5 U.S.C. 552, and 20 CFR part 402.

(b) *Maintenance of records.* We will maintain no record unless:

(1) It is relevant and necessary to accomplish an SSA function which is required to be accomplished by statute or Executive Order;

(2) We obtain the information in the record, as much as it is practicable, from the subject individual if we may use the record to determine an individual's rights, benefits or privileges under Federal programs;

(3) We inform the individual providing the record to us of the authority for our asking him or her to provide the record (including whether providing the record is mandatory or voluntary, the principal purpose for maintaining the record, the routine uses for the record, and what effect his or her refusal to provide the record may have on him or her). Further, the individual agrees to provide the record, if the individual is not required by statute or Executive Order to do so.

(c) *First Amendment rights.* We will keep no record which describes how an individual exercises rights guaranteed by the First Amendment unless we are expressly authorized:

(1) By statute,

(2) By the subject individual, or

(3) Unless pertinent to and within the scope of an authorized law enforcement activity.

§ 401.35 Your right to request records.

The Privacy Act gives you the right to direct access to most records about

20 CFR Ch. III (4-1-07 Edition)

yourself that are in our systems of records. Exceptions to this Privacy Act right include—

(a) Special procedures for access to certain medical records (see 5 U.S.C. 552a(f)(3) and § 401.55);

(b) Unavailability of certain criminal law enforcement records (see 5 U.S.C. 552a(k), and § 401.85); and

(c) Unavailability of records compiled in reasonable anticipation of a court action or formal administrative proceeding.

NOTE TO § 401.35: The Freedom of Information Act (see 20 CFR part 402) allows you to request information from SSA whether or not it is in a system of records.

§ 401.40 How to get your own records.

(a) *Your right to notification and access.* Subject to the provisions governing medical records in § 401.55, you may ask for notification of or access to any record about yourself that is in an SSA system of records. If you are a minor, you may get information about yourself under the same rules as for an adult. Under the Privacy Act, if you are the parent or guardian of a minor, or the legal guardian of someone who has been declared legally incompetent, and you are acting on his or her behalf, you may ask for information about that individual. You may be accompanied by another individual of your choice when you request access to a record in person, *provided* that you affirmatively authorize the presence of such other individual during any discussion of a record to which you are requesting access.

(b) *Identifying the records.* At the time of your request, you must specify which systems of records you wish to have searched and the records to which you wish to have access. You may also request copies of all or any such records. Also, we may ask you to provide sufficient particulars to enable us to distinguish between records on individuals with the same name. The necessary particulars are set forth in the notices of systems of records which are published in the FEDERAL REGISTER.

(c) *Requesting notification or access.* To request notification of or access to a record, you may visit your local social security office or write to the manager of the SSA system of records. The

Social Security Administration

§ 401.45

name and address of the manager of the system is part of the notice of systems of records. Every local social security office keeps a copy of the FEDERAL REGISTER containing that notice. That office can also help you get access to your record. You do not need to use any special form to ask for a record about you in our files, but your request must give enough identifying information about the record you want to enable us to find your particular record. This identifying information should include the system of records in which the record is located and the name and social security number (or other identifier) under which the record is filed. We do not honor requests for all records, all information, or similar blanket requests. Before granting notification of or access to a record, we may, if you are making your request in person, require you to put your request in writing if you have not already done so.

§ 401.45 Verifying your identity.

(a) *When required.* Unless you are making a request for notification of or access to a record in person, and you are personally known to the SSA representative, you must verify your identity in accordance with paragraph (b) of this section if:

(1) You make a request for notification of a record and we determine that the mere notice of the existence of the record would be a clearly unwarranted invasion of privacy if disclosed to someone other than the subject individual; or,

(2) You make a request for access to a record which is not required to be disclosed to the general public under the Freedom of Information Act, 5 U.S.C. 552, and part 402 of this chapter.

(b) *Manner of verifying identity—(1) Request in person.* If you make a request to us in person, you must provide at least one piece of tangible identification such as a driver's license, passport, alien or voter registration card, or union card to verify your identity. If you do not have identification papers to verify your identity, you must certify in writing that you are the individual who you claim to be and that you understand that the knowing and willful request for or acquisition of a record pertaining to an individual

under false pretenses is a criminal offense.

(2) *Request by telephone.* If you make a request by telephone, you must verify your identity by providing identifying particulars which parallel the record to which notification or access is being sought. If we determine that the particulars provided by telephone are insufficient, you will be required to submit your request in writing or in person. We will not accept telephone requests where an individual is requesting notification of or access to sensitive records such as medical records.

(3) *Requests not in person.* Except as provided in paragraph (b)(2) of this section, if you do not make a request in person, you must submit a notarized request to SSA to verify your identity or you must certify in your request that you are the individual you claim to be and that you understand that the knowing and willful request for or acquisition of a record pertaining to an individual under false pretenses is a criminal offense.

(4) *Requests on behalf of another.* If you make a request on behalf of a minor or legal incompetent as authorized under § 401.40, you must verify your relationship to the minor or legal incompetent, in addition to verifying your own identity, by providing a copy of the minor's birth certificate, a court order, or other competent evidence of guardianship to SSA; except that you are not required to verify your relationship to the minor or legal incompetent when you are not required to verify your own identity or when evidence of your relationship to the minor or legal incompetent has been previously given to SSA.

(5) *Medical records—additional verification.* You need to further verify your identity if you are requesting notification of or access to sensitive records such as medical records. Any information for further verification must parallel the information in the record to which notification or access is being sought. Such further verification may include such particulars as the date or place of birth, names of parents, name of employer or the specific times the individual received medical treatment.

§ 401.50**§ 401.50 Granting notification of or access to a record.**

(a) *General.* Subject to the provisions governing medical records in § 401.55 and the provisions governing exempt systems in § 401.85, upon receipt of your request for notification of or access to a record and verification of your identity, we will review your request and grant notification or access to a record, if you are the subject of the record.

(b) *Our delay in responding.* If we determine that we will have to delay responding to your request because of the number of requests we are processing, a breakdown of equipment, shortage of personnel, storage of records in other locations, etc., we will so inform you and tell you when notification or access will be granted.

§ 401.55 Special procedures for notification of or access to medical records.

(a) *General.* In general, you have a right to notification of or access to your medical records, including psychological records, as well as to other records pertaining to you that we maintain. In this section, we set forth special procedures as permitted by the Privacy Act for notification of or access to medical records, including a special procedure for notification of or access to medical records of minors.

(b) Medical records procedures—(1) Notification of or access to medical records.

(i) You may request notification of or access to a medical record pertaining to you. Unless you are a parent or guardian requesting notification of or access to a minor's medical record, you must make a request for a medical record in accordance with this section and the procedures in §§ 401.45 through 401.50 of this part.

(ii) When you request medical information about yourself, you must also name a representative in writing. The representative may be a physician, other health professional, or other responsible individual who would be willing to review the record and inform you of its contents at your representative's discretion. If you do not designate a representative, we may decline to release the requested information. In some cases, it may be possible

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to release medical information directly to you rather than to your representative.

(2) *Utilization of the designated representative.* You will be granted direct access to your medical record if we can determine that direct access is not likely to have an adverse effect on you. If we believe that we are not qualified to determine, or if we do determine, that direct access to you is likely to have an adverse effect, the record will be sent to the designated representative. We will inform you in writing that the record has been sent.

(c) *Medical records of minors—(1) Requests by minors; notification of or access to medical records to minors.* A minor may request notification of or access to a medical record pertaining to him or her in accordance with paragraph (b) of this section.

(2) *Requests on a minor's behalf; notification of or access to medical records to an individual on a minor's behalf.* (i) To protect the privacy of a minor, we will not give to a parent or guardian direct notification of or access to a minor's record, even though the parent or guardian who requests such notification or access is authorized to act on a minor's behalf as provided in § 401.75 of this part.

(ii) A parent or guardian must make all requests for notification of or access to a minor's medical record in accordance with this paragraph and the procedures in §§ 401.45 through 401.50 of this part. A parent or guardian must at the time he or she makes a request designate a family physician or other health professional (other than a family member) to whom the record, if any, will be sent. If the parent or guardian will not designate a representative, we will decline to release the requested information.

(iii) Where a medical record on the minor exists, we will in all cases send it to the physician or health professional designated by the parent or guardian. If disclosure of the record would constitute an invasion of the minor's privacy, we will bring that fact to the attention of the physician or health professional to whom we send the record. We will ask the physician or health professional to consider the effect that disclosure of the record to

Social Security Administration**§401.65**

the parent or guardian would have on the minor when the physician or health professional determines whether the minor's medical record should be made available to the parent or guardian. We will respond in substantially the following form to the parent or guardian making the request:

We have completed processing your request for notification of or access to _____'s (Name of minor) medical records. Please be informed that if any medical record was found pertaining to that individual, it has been sent to your designated physician or health professional.

(iv) In each case where we send a minor's medical record to a physician or health professional, we will make reasonable efforts to inform the minor that we have given the record to the representative.

(d) *Requests on behalf of an incapacitated adult.* If you are the legal guardian of an adult who has been declared legally incompetent, you may receive his or her records directly.

§401.60 Access or notification of program records about two or more individuals.

When information about two or more individuals is in one record filed under your social security number, you may receive the information about you and the fact of entitlement and the amount of benefits payable to other persons based on your record. You may receive information about yourself or others, which is filed under someone else's social security number, if that information affects your entitlement to social security benefits or the amount of those benefits.

§401.65 How to correct your record.

(a) *How to request a correction.* This section applies to all records kept by SSA (as described in §401.5) except for records of earnings. (20 CFR 422.125 describes how to request correction of your earnings record.) You may request that your record be corrected or amended if you believe that the record is not accurate, timely, complete, relevant, or necessary to the administration of a social security program. To amend or correct your record, you should write to the manager identified in the notice of systems of records

which is published in the FEDERAL REGISTER (see §401.40(c) on how to locate this information). The staff at any social security office can help you prepare the request. You should submit any available evidence to support your request. Your request should indicate—

(1) The system of records from which the record is retrieved;

(2) The particular record which you want to correct or amend;

(3) Whether you want to add, delete or substitute information in the record; and

(4) Your reasons for believing that your record should be corrected or amended.

(b) *What we will not change.* You cannot use the correction process to alter, delete, or amend information which is part of a determination of fact or which is evidence received in the record of a claim in the administrative appeal process. Disagreements with these determinations are to be resolved through the SSA appeal process. (See subparts I and J of part 404, and subpart N of part 416, of this chapter.) For example, you cannot use the correction process to alter or delete a document showing a birth date used in deciding your social security claim. However, you may submit a statement on why you think certain information should be altered, deleted, or amended, and we will make this statement part of your file.

(c) *Acknowledgment of correction request.* We will acknowledge receipt of a correction request within 10 working days, unless we can review and process the request and give an initial determination of denial or compliance before that time.

(d) *Notice of error.* If the record is wrong, we will correct it promptly. If wrong information was disclosed from the record, we will tell all those of whom we are aware received that information that it was wrong and will give them the correct information. This will not be necessary if the change is not due to an error, e.g., a change of name or address.

(e) *Record found to be correct.* If the record is correct, we will inform you in writing of the reason why we refuse to amend your record and we will also inform you of your right to seek a review

Excerpts: 20 C.F.R. Part 401

Social Security Administration

§ 401.85

been declared incompetent due to physical or mental incapacity or age by a court of competent jurisdiction is authorized to act on behalf of a minor or incompetent individual. Except as provided in § 401.45, governing procedures for verifying an individual's identity, and § 401.55(c) governing special procedures for notification of or access to a minor's medical records, if you are authorized to act on behalf of a minor or legal incompetent, you will be viewed as if you were the individual or subject individual.

§ 401.80 Accounting for disclosures.

(a) We will maintain an accounting of all disclosures of a record for five years or for the life of the record, whichever is longer; *except that*, we will not make accounting for:

(1) Disclosures under paragraphs (a) and (b) of § 401.110; and,

(2) Disclosures of your record made with your written consent.

(b) The accounting will include:

(1) The date, nature, and purpose of each disclosure; and

(2) The name and address of the person or entity to whom the disclosure is made.

(c) You may request access to an accounting of disclosures of your record. You must request access to an accounting in accordance with the procedures in § 401.40. You will be granted access to an accounting of the disclosures of your record in accordance with the procedures of this part which govern access to the related record. We may, at our discretion, grant access to an accounting of a disclosure of a record made under paragraph (g) of § 401.110.

§ 401.85 Exempt systems.

(a) *General policy.* The Privacy Act permits certain types of specific systems of records to be exempt from some of its requirements. Our policy is to exercise authority to exempt systems of records only in compelling cases.

(b) *Specific systems of records exempted.* (1) Those systems of records listed in paragraph (b)(2) of this section are exempt from the following provisions of the Act and this part:

(i) 5 U.S.C. 552a(c)(3) and paragraph (c) of § 401.80 of this part which require

that you be granted access to an accounting of disclosures of your record.

(ii) 5 U.S.C. 552a (d) (1) through (4) and (f) and §§ 401.35 through 401.75 relating to notification of or access to records and correction or amendment of records.

(iii) 5 U.S.C. 552a(e)(4) (G) and (H) which require that we include information about SSA procedures for notification, access, and correction or amendment of records in the notice for the systems of records.

(iv) 5 U.S.C. 552a(e)(3) and § 401.30 which require that if we ask you to provide a record to us, we must inform you of the authority for our asking you to provide the record (including whether providing the record is mandatory or voluntary, the principal purposes for maintaining the record, the routine uses for the record, and what effect your refusal to provide the record may have on you), and if you are not required by statute or Executive Order to provide the record, that you agree to provide the record. This exemption applies only to an investigatory record compiled by SSA for criminal law enforcement purposes in a system of records exempt under subsection (j)(2) of the Privacy Act to the extent that these requirements would prejudice the conduct of the investigation.

(2) The following systems of records are exempt from those provisions of the Privacy Act and this part listed in paragraph (b)(1) of this section:

(i) Pursuant to subsection (j)(2) of the Privacy Act, the Investigatory Material Compiled for Law Enforcement Purposes System, SSA.

(ii) Pursuant to subsection (k)(2) of the Privacy Act:

(A) The General Criminal Investigation Files, SSA;

(B) The Criminal Investigations File, SSA; and,

(C) The Program Integrity Case Files, SSA.

(D) Civil and Administrative Investigative Files of the Inspector General, SSA/OIG.

(E) Complaint Files and Log, SSA/OGC.

(iii) Pursuant to subsection (k)(5) of the Privacy Act:

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(A) The Investigatory Material Compiled for Security and Suitability Purposes System, SSA; and,

(B) The Suitability for Employment Records, SSA.

(iv) Pursuant to subsection (k)(6) of the Privacy Act, the Personnel Research and Merit Promotion Test Records, SSA/DCHR/OPE.

(c) *Notification of or access to records in exempt systems of records.* (i) Where a system of records is exempt as provided in paragraph (b) of this section, you may nonetheless request notification of or access to a record in that system. You should make requests for notification of or access to a record in an exempt system of records in accordance with the procedures of §§ 401.35 through 401.55.

(2) We will grant you notification of or access to a record in an exempt system but only to the extent such notification or access would not reveal the identity of a source who furnished the record to us under an express promise, and prior to September 27, 1975, an implied promise, that his or her identity would be held in confidence, if:

(i) The record is in a system of records which is exempt under subsection (k)(2) of the Privacy Act and you have been, as a result of the maintenance of the record, denied a right, privilege, or benefit to which you would otherwise be eligible; or,

(ii) The record is in a system of records which is exempt under subsection (k)(5) of the Privacy Act.

(3) If we do not grant you notification of or access to a record in a system of records exempt under subsections (k) (2) and (5) of the Privacy Act in accordance with this paragraph, we will inform you that the identity of a confidential source would be revealed if we granted you notification of or access to the record.

(d) *Discretionary actions by SSA.* Unless disclosure of a record to the general public is otherwise prohibited by law, we may at our discretion grant notification of or access to a record in a system of records which is exempt under paragraph (b) of this section. Discretionary notification of or access to a record in accordance with this paragraph will not be a precedent for discretionary notification of or access

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to a similar or related record and will not obligate us to exercise discretion to grant notification of or access to any other record in a system of records which is exempt under paragraph (b) of this section.

§ 401.90 Contractors.

(a) All contracts which require a contractor to maintain, or on behalf of SSA to maintain, a system of records to accomplish an SSA function must contain a provision requiring the contractor to comply with the Privacy Act and this part.

(b) A contractor and any employee of such contractor will be considered employees of SSA only for the purposes of the criminal penalties of the Privacy Act, 5 U.S.C. 552a(i), and the employee standards of conduct (see appendix A of this part) where the contract contains a provision requiring the contractor to comply with the Privacy Act and this part.

(c) This section does not apply to systems of records maintained by a contractor as a result of his management discretion, e.g., the contractor's personnel records.

§ 401.95 Fees.

(a) *Policy.* Where applicable, we will charge fees for copying records in accordance with the schedule set forth in this section. We may only charge fees where you request that a copy be made of the record to which you are granted access. We will not charge a fee for searching a system of records, whether the search is manual, mechanical, or electronic. Where we must copy the record in order to provide access to the record (e.g., computer printout where no screen reading is available), we will provide the copy to you without cost. Where we make a medical record available to a representative designated by you or to a physician or health professional designated by a parent or guardian under § 401.55 of this part, we will not charge a fee.

(b) *Fee schedule.* Our Privacy Act fee schedule is as follows:

(1) Copying of records susceptible to photocopying—\$.10 per page.

(2) Copying records not susceptible to photocopying (e.g., punch cards or

Social Security Administration**§401.110**

magnetic tapes)—at actual cost to be determined on a case-by-case basis.

(3) We will not charge if the total amount of copying does not exceed \$25.

(c) *Other fees.* We also follow §§402.155 through 402.165 of this chapter to determine the amount of fees, if any, we will charge for providing information under the FOIA and Privacy Act.

Subpart C—Disclosure of Official Records and Information**§401.100 Disclosure of records with the consent of the subject of the record.**

(a) Except as permitted by the Privacy Act and the regulations in this chapter, or if required by the FOIA, we will not disclose your record without your written consent. The consent must specify the individual, organizational unit or class of individuals or organizational units to whom the record may be disclosed, which record may be disclosed and, where applicable, during which time frame the record may be disclosed (e.g., during the school year, while the subject individual is out of the country, whenever the subject individual is receiving specific services). We will not honor a blanket consent to disclose all your records to unspecified individuals or organizational units. We will verify your identity and, where applicable (e.g., where you consent to disclosure of a record to a specific individual), the identity of the individual to whom the record is to be disclosed.

(b) A parent or guardian of a minor is not authorized to give consent to a disclosure of the minor's medical record. See §401.55(c) for the procedures for disclosures of or access to the medical records of minors.

§401.105 Disclosure of personal information without the consent of the subject of the record.

(a) SSA maintains two categories of records which contain personal information:

(1) Nonprogram records, primarily administrative and personnel records which contain information about SSA's activities as a government agency and employer, and

(2) Program records which contain information about SSA's clients that it

keeps to administer benefit programs under Federal law.

(b) We apply different levels of confidentiality to disclosures of information in the categories in paragraphs (a) (1) and (2) of this section. For administrative and personnel records, we apply the Privacy Act restrictions on disclosure. For program records, we apply somewhat more strict confidentiality standards than those found in the Privacy Act. The reason for this difference in treatment is that our program records include information about a much greater number of persons than our administrative records, the information we must collect for program purposes is often very sensitive, and claimants are required by statute and regulation to provide us with the information in order to establish entitlement for benefits.

§401.110 Disclosure of personal information in nonprogram records without the consent of the subject of the record.

The disclosures listed in this section may be made from our nonprogram records, e.g., administrative and personnel records, without your consent. Such disclosures are those:

(a) To officers and employees of SSA who have a need for the record in the performance of their duties. The SSA official who is responsible for the record may upon request of any officer or employee, or on his own initiative, determine what constitutes legitimate need.

(b) Required to be disclosed under the Freedom of Information Act, 5 U.S.C. 552, and 20 CFR part 402.

(c) For a routine use as defined in §401.25 of this part. Routine uses will be listed in any notice of a system of records. SSA publishes notices of systems of records, including all pertinent routine uses, in the FEDERAL REGISTER.

(d) To the Bureau of the Census for purposes of planning or carrying out a census or survey or related activity pursuant to the provisions of Title 13 U.S.C.

(e) To a recipient who has provided us with advance written assurance that the record will be used solely as a statistical research or reporting record. *Provided*, that, the record is transferred

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in a form that does not identify the subject individual.

(f) To the National Archives of the United States as a record which has sufficient historical or other value to warrant its continued preservation by the United States Government, or for evaluation by the Administrator of General Services or his designee to determine whether the record has such value.

(g) To another government agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States for a civil or criminal law enforcement activity if the activity is authorized by law, and if the head of such government agency or instrumentality has submitted a written request to us, specifying the record desired and the law enforcement activity for which the record is sought.

(h) To an individual pursuant to a showing of compelling circumstances affecting the health or safety of any individual if a notice of the disclosure is transmitted to the last known address of the subject individual.

(i) To either House of Congress, or to the extent of matter within its jurisdiction, any committee or subcommittee thereof, any joint committee of Congress or subcommittee of any such joint committee.

(j) To the Comptroller General, or any of his authorized representatives, in the course of the performance of the duties of the General Accounting Office.

(k) Pursuant to the order of a court of competent jurisdiction.

§ 401.115 Disclosure of personal information in program records without the consent of the subject of the record.

This section describes how various laws control the disclosure or confidentiality of personal information which we keep. We must consider these laws in the following order:

(a) Some laws require us to disclose information (§ 401.120); some laws require us to withhold information (§ 401.125). These laws control whenever they apply.

(b) If no law of this type applies in a given case, then we must look to FOIA principles. See § 401.130.

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(c) When FOIA principles do not require disclosure, we may disclose information if both the Privacy Act and section 1106 of the Social Security Act permit the disclosure.

§ 401.120 Disclosures required by law.

We disclose information when a law specifically requires it. The Social Security Act requires us to disclose information for certain program purposes. These include disclosures to the SSA Office of Inspector General, the Federal Parent Locator Service, and to States pursuant to an arrangement regarding use of the Blood Donor Locator Service. Also, there are other laws which require that we furnish other agencies information which they need for their programs. These agencies include the Department of Veterans Affairs for its benefit programs, the Immigration and Naturalization Service to carry out its duties regarding aliens, the Railroad Retirement Board for its benefit programs, and to Federal, State, and local agencies administering Aid to Families with Dependent Children, Medicaid, unemployment compensation, food stamps, and other programs.

§ 401.125 Disclosures prohibited by law.

We do not disclose information when a law specifically prohibits it. The Internal Revenue Code generally prohibits us from disclosing tax return information which we receive to maintain individual earnings records. This includes, for example, amounts of wages and contributions from employers. Other laws restrict our disclosure of certain information about drug and alcohol abuse which we collect to determine eligibility for social security benefits.

§ 401.130 Freedom of Information Act.

The FOIA requires us to disclose any information in our records upon request from the public, unless one of several exemptions in the FOIA applies. When the FOIA requires disclosure (see part 402 of this chapter), the Privacy Act permits it. *The public* does not include Federal agencies, courts, or the Congress, but does include State agencies, individuals, corporations, and most other parties. The FOIA does not

§401.115

in a form that does not identify the subject individual.

(f) To the National Archives of the United States as a record which has sufficient historical or other value to warrant its continued preservation by the United States Government, or for evaluation by the Administrator of General Services or his designee to determine whether the record has such value.

(g) To another government agency or to an instrumentality of any governmental jurisdiction within or under the control of the United States for a civil or criminal law enforcement activity if the activity is authorized by law, and if the head of such government agency or instrumentality has submitted a written request to us, specifying the record desired and the law enforcement activity for which the record is sought.

(h) To an individual pursuant to a showing of compelling circumstances affecting the health or safety of any individual if a notice of the disclosure is transmitted to the last known address of the subject individual.

(i) To either House of Congress, or to the extent of matter within its jurisdiction, any committee or subcommittee thereof, any joint committee of Congress or subcommittee of any such joint committee.

(j) To the Comptroller General, or any of his authorized representatives, in the course of the performance of the duties of the General Accounting Office.

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20 CFR Ch. III (4-1-07 Edition)

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We disclose information when a law specifically requires it. The Social Security Act requires us to disclose information for certain program purposes. These include disclosures to the SSA Office of Inspector General, the Federal Parent Locator Service, and to States pursuant to an arrangement regarding use of the Blood Donor Locator Service. Also, there are other laws which require that we furnish other agencies information which they need for their programs. These agencies include the Department of Veterans Affairs for its benefit programs, the Immigration and Naturalization Service to carry out its duties regarding aliens, the Railroad Retirement Board for its benefit programs, and to Federal, State, and local agencies administering Aid to Families with Dependent Children, Medicaid, unemployment compensation, food stamps, and other programs.

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Social Security Administration

140 Magnolia Street
Spartanburg, S.C. 29301

Burts Law Firm
M. Noel Turner, III, Esq
P.O. Box 3408
Spartanburg, SC 29304

September 25, 2007

RE: **SUBPOENA IN A CIVIL CASE**
Case Number: 2007-DR-42-2151

Dear Mr. Turner:

With regard to your **Subpoena**, referenced above, employees of the Social Security Administration (SSA) are statutorily prohibited from disclosing any information contained in SSA records unless the disclosure is authorized by regulation or required by Federal law. See 42 U.S.C. § 1306(a). SSA's disclosure regulations, found at 20 C.F.R. Part 401, only permit disclosures of personal records when the individual to whom the records pertain consents or when the disclosure falls into one of several narrowly-drawn exceptions. The exceptions generally do not cover disclosing records for cases that do not involve SSA. If the requested information were inappropriately released without the proper consent, the employee who disclosed the information would be subject to criminal sanctions as imposed by 42 U.S.C. § 1306(a)(1):

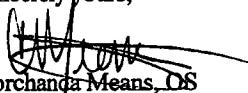
Any person who shall violate any provision of this section shall be deemed guilty of a felony and, upon conviction thereof, shall be punished by a fine not exceeding \$10,000 for each occurrence of a violation, or by imprisonment not exceeding five years, or both.

While the Privacy Act permits an agency to disclose information pursuant to an order from a court of competent jurisdiction, the information SSA receives is especially sensitive and participation in many Social Security programs is mandatory; so, SSA can only disclose information in response to a court order if the Commissioner is a party to the proceeding or the information is necessary for due process in a criminal proceeding. See 20 C.F.R. § 401.180.

Anne Katherine Waters is a party to your action, and therefore she is subject directly to the court's jurisdiction. If you are unable to obtain consent voluntarily, most courts will order a party (please note that the Social Security Administration is not a party) to consent to the release of information subject to the party's control when justice so demands. Enclosed, please find a sample consent form for your convenience. Additionally, if the requested documents are to be submitted to the court, please specify that the records are to be certified and allow SSA at least thirty (30) days to comply with your request. Please note that SSA cannot certify records once they have left the possession of SSA and that a fee may be charged for copying and certification. See 20 C.F.R. §§ 401.95, 402.155-.165, 403.155.

Based upon the above information, I assume you will not attempt to enforce the subpoena but rather will submit a properly executed consent form from Anne Katherine Waters for any needed documents. Please contact me at 864-582-1091 ext 260 if you plan to pursue any other course of action or if I can offer any further assistance. Please mail the consent form to my attention.

Sincerely yours,


Corchanda Means, OS

Enclosures

THOMPSON 060239

Form Approved
OMB No. 0960-0566Social Security Administration
Consent for Release of Information

TO: Social Security Administration

Name	Date of Birth	Social Security Number
I authorize the Social Security Administration to release information or records about me to:		
NAME	ADDRESS	

I want this information released because:

(There may be a charge for releasing information.)

Please release the following information:

- ☐ Social Security Number
☐ Identifying information (includes date and place of birth, parents' names)
☐ Monthly Social Security benefit amount
☐ Monthly Supplemental Security Income payment amount
☐ Information about benefits/payments I received from _____ to _____
☐ Information about my Medicare claim/coverage from _____ to _____
 (specify) _____
☐ Medical records
☐ Record(s) from my file (specify) _____

☐ Other (specify) _____

I am the individual to whom the information/record applies or that person's parent (if a minor) or legal guardian. I declare under penalty of perjury that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison, or may face other penalties, or both.

Signature: _____

(Show signatures, names, and addresses of two people if signed by mark.)

Date: _____ Relationship: _____

Form SSA-3288 (3-2005) EF (3-2005)

THOMPSON 060240

Form Approved
OMB No. 0960-0566

**Social Security Administration
Consent for Release of Information**

Please read these instructions carefully before completing this form.

**When to Use
This Form**

Complete this form only if you want the Social Security Administration to give information or records about you to an individual or group (for example, a doctor, or an insurance company).

Natural or adoptive parents or a legal guardian, acting on behalf of a minor, who want us to release the minor's:

- nonmedical records, should use this form.
- medical records, should not use this form, but should contact us.

Note: Do not use this form to request information about your earnings or employment history. To do this, complete Form SSA-7050-F4. You can get this form at any Social Security office.

**How to
Complete
This Form**

This consent form must be completed and signed only by:

- the person to whom the information or record applies, or
- the parent or legal guardian of a minor to whom the nonmedical information applies, or
- the legal guardian of a legally incompetent adult to whom the information applies.

To complete this form:

- Fill in the name, date of birth, and Social Security Number of the person to whom the information applies.
- Fill in the name and address of the individual or group to which we will send the information.
- Fill in the reason you are requesting the information.
- Check the type(s) of information you want us to release.
- Sign and date the form. If you are not the person whose record we will release, please state your relationship to that person.

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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Case No. 2010-CP-5743

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD,
and Upstate Lung & Critical Care Specialists, PC,

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DEC 08 2017

Appellants,

v.

SC Court of Appeals

Ray E. "Chuck" Thompson
and Charles M. Fogarty, MD,

Respondents.

NOTICE OF APPEAL

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and Upstate Lung & Critical Care Specialists, PC, appeal the Orders of the Honorable R. Keith Kelly dated July 20, 2017 (Exhibit A) and November 14, 2017 (Exhibit B). Appellants timely filed their Notice of Motion and Motion for Reconsideration (Exhibit C) on July 31, 2017.

December 6, 2017



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THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM SPARTANBURG COUNTY
Court of Common Pleas

R. Keith Kelly, Circuit Court Judge

Case No. 2010-CP-5743

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD,
and Upstate Lung & Critical Care Specialists, PC,

Appellants,

v.

Ray E. "Chuck" Thompson
and Charles M. Fogarty, M.D.,

Respondents.

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SC Court of Appeals

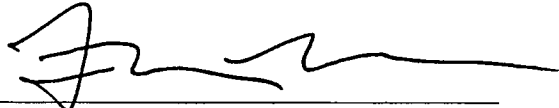
PROOF OF SERVICE

I certify that I have served the Notice of Appeal of Appellant and Proof of Service, upon Respondents Ray E. "Chuck" Thompson and Charles M. Fogarty, M.D. by depositing copies in the United States Mail, postage pre-paid; The Honorable Hope M. Blackely, Spartanburg County Clerk of Court; by depositing copies in the United States Mail, postage pre-paid, on December 6, 2017, at the addresses listed below:

The Honorable Hope M. Blackely,
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December 6, 2017

STATE OF SOUTH CAROLINA)

IN THE COURT OF COMMON PLEAS

COUNTY OF SPARTANBURG)

C.A. No.: 2010-CP-42-05743

Gregory J. Feldman, MD, Joseph A.
Boscia, III, MD, and Upstate Lung &
Critical Care Specialists, PC,

Plaintiffs,)

**ORDER GRANTING DEFENDANTS'
MOTION FOR SUMMARY JUDGMENT**

vs.)

RECEIVEDWilliam Mark Casey, Ray E. "Chuck"
Thompson, and Charles M. Fogarty, MD,

Defendants.)

DEC 08 2017

SC Court of Appeals

This action came for hearing before me on June 20, 2017, on the Motion for Summary Judgment filed by Defendants Ray E. "Chuck" Thompson ("Thompson") and Charles M. Fogarty, MD ("Fogarty") (collectively, "Defendants"). Prior to the hearing, Plaintiffs and Defendants submitted briefs and multiple exhibits, and Plaintiffs submitted affidavits, which the Court has carefully considered in addition to the parties' oral arguments and the materials the parties submitted during the hearing. For the reasons discussed below, this Court finds that Plaintiffs' abuse of process claim against Defendants is barred by the statute of limitations, and therefore grants Defendants' Motion for Summary Judgment.

Summary Judgment Standard

Rule 56(c) of the South Carolina Rules of Civil Procedure provides that summary judgment "shall be rendered forthwith if the pleadings, depositions, answers to interrogatories, and admissions on file, together with the affidavits, if any, show that there is no genuine issue as to any material fact and that the moving party is entitled to judgment as a matter of law." Summary judgment is appropriate only if there is no genuine issue of material fact and the moving party is entitled to judgment as a matter of law. *Glover v. County of Charleston*, 361 S.C. 634, 606 S.E.2d 773 (2004). Since it is a drastic remedy, summary judgment should be cautiously invoked to ensure that a litigant

is not improperly deprived of a trial on disputed factual issues. *Helena Chemical v. Allianz Underwriters*, 357 S.C. 631, 594 S.E.2d 455 (2004). Summary judgment is improper if the parties dispute the inferences to be drawn from the facts, even if the facts themselves are not in dispute. *CEL Prods., LLC v. Rozelle*, 357 S.C. 125, 591 S.E.2d 643 (Ct. App. 2004). In determining whether summary judgment is proper, this court must view all evidence in the light most favorable to the non-moving party. *Silvester v. Spring Valley Country Club*, 344 S.C. 280, 543 S.E.2d 563 (Ct. App. 2001). Importantly, in cases applying the preponderance of the evidence burden of proof, the non-moving party is only required to submit a mere scintilla of evidence in order to withstand a motion for summary judgment. *Hancock v. Mid-South Mgmt. Co.*, 381 S.C. 326, 330, 673 S.E.2d 801, 803 (2009).

Findings of Relevant Fact

1. Plaintiffs filed the instant action on October 27, 2010, asserting claims against Defendants for abuse of process and civil conspiracy arising from an underlying medical malpractice lawsuit in which Plaintiffs were named defendants, *William Mark Casey v. Gregory J. Feldman, M.D., Joseph A. Boscia, III, M.D., Devendra Shantha, M.D. and Upstate Lung and Critical Care Specialists, PC*, Spartanburg County Court of Common Pleas, Case No. 2006-CP-42-1728 (the "MMA"). On January 18, 2012, Plaintiffs voluntarily dismissed their civil conspiracy claim. At the hearing on this motion, Plaintiffs' counsel advised that Plaintiffs have dismissed with prejudice their abuse of process claim as to Casey, and will be filing a stipulation to that effect.
2. The MMA was filed by Thompson on May 24, 2006. The Complaint in the MMA alleged that Plaintiffs Feldman and Boscia, who are pulmonologists and owners of Upstate Lung and Critical Care Specialists, committed malpractice in the course of treating Casey in 2004, and that Casey suffered permanent brain injury and other damages as a result of Plaintiffs' actions.
3. On August 11, 2007, Feldman wrote Boscia an email stating his belief that Plaintiffs had causes of action against Defendants for civil conspiracy and abuse of process relating to the MMA,

stating as follows:

1. We have at least Casey plus his Lawyer and Possibly Fogarty plus Chuck Thompson's Wife.
2. As for Abuse of Process that is already fact (He had no right to speak to Press about trial matter..[sic] Violation of Civil Procedure)[.]

(Mann 1168.)

4. On August 17, 2007, Feldman emailed himself regarding the definition and proof of civil conspiracy, and sent himself another email regarding "Physician Countersuits." (Mann 1167; Mann 22484.)

5. On August 17, 2007, Feldman sent himself an emailed titled, "Statue [sic] of Limitations," excerpting legal research he had performed on the three-year limitations period applicable to one physician's suit against another doctor for defamation. (Mann 22478.)

6. On September 29, 2007, Feldman emailed himself additional research he performed on "Abuse of Process." (Mann 1183.)

Conclusions of Law

I. Plaintiffs' Claim Is Time-Barred.

Plaintiffs' abuse of process claim against Defendants is time-barred, because the indisputable evidence in this case proves that more than three years before Plaintiffs filed this lawsuit, they believed they had suffered an invasion of their legal rights and consequent damages which they might recover by asserting an abuse of process claim, and therefore had actual knowledge that they possessed a claim for abuse of process against Defendants for Defendants' alleged wrongdoing. Because Plaintiffs failed to file suit within three years of obtaining that actual knowledge, summary judgment is appropriate.

This action is governed by a three-year statute of limitations period. S.C. Code Ann. § 15-3-530 (2005); *see Whitfield Const. Co. v. Bank of Tokyo Trust Co.*, 338 S.C. 207, 525 S.E.2d 888 (Ct. App. 1999) (applying three-year statute of limitations in abuse of process action). "A statute of limitations is a procedural device that operates as a defense to limit the remedy available from an

existing cause of action.” *Capco of Summerville, Inc. v. J.H. Gayle Const. Co., Inc.*, 368 S.C. 137, 142, 628 S.E.2d 38, 41 (2006). “Statutes of limitations are not simply technicalities;” instead, they “embody important public policy considerations in that they stimulate activity, punish negligence, and promote repose by giving security and stability to human affairs.” *Moates v. Bobb*, 322 S.C. 172, 176, 470 S.E.2d 402, 404 (Ct. App. 1996). Statutes of limitations relieve courts of the burden of trying stale claims of those who have slept on their rights, and “ensure litigation is brought within a reasonable time in order that evidence be reasonably available and there be some end to litigation.” *Transp. Ins. Co. and Flagstar Corp. v. S.C. Second Injury Fund*, 389 S.C. 422, 428, 699 S.E.2d 687, 690 (2010) (citations and internal punctuation omitted).

The limitations period established by S.C. Code Ann. § 15-3-530 begins to run when the plaintiff “knew or by the exercise of reasonable diligence should have known that he had a cause of action.” S.C. Code Ann. § 15-3-535. Therefore, in determining when a cause of action arose under an applicable statute of limitations, South Carolina courts apply the “discovery rule.” *Rumpf v. Mass. Mut. Life Ins. Co.*, 357 S.C. 386, 394, 593 S.E.2d 183, 187 (Ct. App. 2004). Under the discovery rule, the statute of limitations begins to run on the date the party had actual knowledge, or by the exercise of reasonable diligence should have known, that some legal right had been invaded. *City of Newberry v. Newberry Elec. Co-op., Inc.*, 387 S.C. 254, 260, 692 S.E.2d 510, 513 (2010). The exercise of reasonable diligence means that an injured party must act with some promptness where the facts and circumstances of an injury would put a person of common knowledge and experience on notice that some right of his has been invaded or that some claim against another party might exist. *Snell v. Columbia Gun Exch., Inc.*, 276 S.C. 301, 303, 278 S.E.2d 333, 334 (1981).

The discovery rule thus focuses on when the complaining party acquired knowledge of any existing facts sufficient to put the party on inquiry which, if developed, would disclose alleged wrongdoing. *Burgess v. Am. Cancer Soc., S.C. Div., Inc.*, 300 S.C. 182, 186-87, 386 S.E.2d 798, 800 (Ct. App. 1989). “Moreover, although a party claims ignorance of existing facts and circumstances,

the same result [*i.e.*, the statute of limitation's running] follows if such facts and circumstances could have been known to the party through the exercise of ordinary care and reasonable diligence." *Id.* Likewise, "the fact that the injured party may not comprehend the full extent of the damage is immaterial. *Dean v. Ruscon Corp.*, 321 S.C. 360, 364, 468 S.E.2d 645, 647 (1996). The statute of limitations therefore begins to run on the date a plaintiff knew or should have known that he had a claim, and not when the plaintiff sought advice of counsel, or developed a full-blown theory of recovery, or discovered a witness to support or prove his case, or "obtain[ed] actual knowledge of either the potential claim or the facts giving rise thereto." *Gibson v. Bank of Am., N.A.*, 383 S.C. 399, 406, 680 S.E.2d 778, 782 (Ct. App. 2009).

This Court finds that Plaintiffs' emails in this case, which the parties agree are authentic, show without question that Plaintiffs had actual knowledge that they possessed an abuse of process claim against Defendants more than three years before Plaintiffs filed this action.

II. Equitable Estoppel Does Not Apply In This Case.

The Court also finds that equitable tolling does not apply to prevent the running of the statute of limitations on Plaintiffs' abuse of process claim.

"Equitable tolling is a doctrine rarely applied in South Carolina to stop the running of statutes of limitations." *Pelzer v. State*, 378 S.C. 516, 520-21, 662 S.E.2d 618, 620 (Ct. App. 2008). "Equitable tolling is reserved for extraordinary circumstances." *Hooper v. Ebenezer Senior Svcs. and Rehabilitation Ctr.*, 377 S.C. 217, 230, 659 S.E.2d 213, 219 (Ct. App. 2008). This doctrine, which allows a plaintiff to initiate an action beyond the statute of limitations deadline, "is typically available only if the claimant was prevented in some extraordinary way from exercising his or her rights, or, in other words, if the relevant facts present sufficiently rare and exceptional circumstances that would warrant application of the doctrine." *Pelzer*, 378 S.C. at 521, 662 S.E.2d at 620. As to the sparing application of equitable tolling, South Carolina's Court of Appeals has found "particularly illuminating" the Fourth Circuit's reasoning in *Harris v. Hutchinson*, 209 F.3d 325, 330 (4th Cir.

2000):

[A]ny invocation of equity to relieve the strict application of a statute of limitations must be guarded and infrequent, lest circumstances of individualized hardship supplant the rules of clearly drafted statutes. To apply equity generously would loose the rule of law to whims about the adequacy of excuses, divergent responses to claims of hardship, and subjective notions of fair accommodation. We believe, therefore, that any resort to equity must be reserved for those rare instances where—due to circumstances external to the party's own conduct—it would be unconscionable to enforce the limitation period against the party and gross injustice would result.

Pelzer, 378 S.C. at 522-23, 662 S.E.2d at 621.

“It is well known that equity follows the law.” *Smith v. Barr*, 375 S.C. 157, 164, 650 S.E.2d 486, 490 (Ct. App. 2007), citing *C & S Nat'l Bank v. Modern Homes Constr. Co.*, 248 S.C. 130, 133, 149 S.E.2d 326, 327 (1966). This established rule means that “wherever the rights or the situation of parties are clearly defined and established by law, equity has no power to change or unsettle those rights or that situation[.]” *Hedges v. Dixon Cty.*, 150 U.S. 182, 192, 14 S. Ct. 71, 74, 37 L. Ed. 1044 (1893). “Courts of equity can no more disregard statutory and constitutional requirements and provisions than can courts of law.” *Id.* “The function of equity is to supplement the law, not to displace it.” *Wigfall v. Tideland Utilities, Inc.*, 354 S.C. 100, 117, 580 S.E.2d 100, 108 (2003). Equity “does not attempt to reach all cases where a right cannot be vindicated at law, nor does it reach cases where a right has been lost by complainant's own act.” *Nutt Corp. v. Howell Rd., LLC*, 396 S.C. 323, 327, 721 S.E.2d 447, 449 (Ct. App. 2011), citing *McKittrick v. Bates*, 47 R.I. 240, 132 A. 610, 612 (1926). “When one who has a clear method of fully determining his rights at law voluntarily adopts improper procedure, or pursues proper procedure negligently or mistakenly, without any inducement from one having adversary interests, it is no function of equity to relieve him from the result of his erroneously conducted lawsuit.” *Id.*, quoting *McKittrick*, 47 R.I. at 240, 132 A. at 612.

In this case, Plaintiffs contend that the statute of limitations applicable to their abuse of process claim should be equitably tolled, because Defendants allegedly concealed from Plaintiffs facts material to that claim. This argument is not supported by the record evidence, which proves that the

information Plaintiffs did have more than three years before filing this suit caused Plaintiffs to form the actual belief that they possessed an abuse of process claim against Defendants. Thus, no facts that allegedly were concealed from Plaintiffs during the MMA prevented or delayed Plaintiffs' forming the belief that they possessed an actionable claim against Defendants.

Plaintiffs had a legal remedy available for the abuse of process claim that they believed that they possessed against Defendants in relation to the MMA. Plaintiffs failed to file suit on that claim within three years of gaining actual knowledge of that claim, as mandated by the applicable statute of limitations. The Court finds that no sufficient reason exists for this failure, and that Plaintiffs' right to vindicate the wrong they believed they suffered in relation to the MMA was lost by Plaintiffs' own acts. Accordingly, the Court declines to equitably estop the application of the statute of limitations to Plaintiffs' claim.

Conclusion

Plaintiffs failed to file their claim against Defendants for abuse of process within three years of having actual knowledge of the existence of that claim. Plaintiffs' claim is therefore barred by the applicable statute of limitations. Further, equity does not support the application of equitable tolling in this case. For these reasons, Defendants' Motion for Summary Judgment is hereby granted.

IT IS SO ORDERED.

_____, 2017

R. Keith Kelly
Presiding Judge



Spartanburg Common Pleas

Case Caption: Gregory J Feldman Md , plaintiff, et al VS William Mark Casey ,
defendant, et al
Case Number: 2010CP4205743
Type: Order/Summary Judgment

It is so Ordered.

s/ R. Keith Kelly - 2165

Electronically signed on 2017-07-20 10:14:56 page 8 of 8

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)
Gregory J. Feldman, MD, Joseph A.)
Boscia, III, MD, and Upstate Lung &)
Critical Care Specialists, PC,)
Plaintiffs,)
vs.)
Ray E. "Chuck" Thompson, and Charles)
M. Fogarty, MD,)
Defendants.)

IN THE COURT OF COMMON PLEAS

C.A. No.: 2010-CP-5743

**ORDER DENYING PLAINTIFFS' MOTION
FOR RECONSIDERATION**

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SC Court of Appeals

This action came before me for hearing on October 19, 2017, on the Motion for Reconsideration filed by Plaintiffs Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and Upstate Lung & Critical Care Specialists, PC ("Plaintiffs"). Plaintiffs' motion (the "Motion"), which Plaintiffs submitted under Rule 52 and Rule 59, SCRCP, seeks the alteration or amendment of this Court's July 20, 2017, Order Granting Defendants' Motion for Summary Judgment (the "Order"). For the following reasons, the Court denies Plaintiffs' Motion.

The Order

The Order fully and properly decided the issue presented by Defendants' Motion for Summary Judgment, based on the record evidence and applicable law. The Order holds that Plaintiffs' cause of action for abuse of process against Defendants is time-barred, because the indisputable evidence in this case shows that the statute of limitations on that claim expired more than three years before Plaintiffs filed this action on October 27, 2010. *See* Order 3.

Specifically, based on the record, the Order finds that after Plaintiffs were named as defendants in the medical malpractice lawsuit styled *William Mark Casey v. Gregory J. Feldman, M.D., Joseph A. Boscia, III, M.D., Devendra Shantha, M.D. and Upstate Lung and Critical Care*

Specialists, PC, Spartanburg County Court of Common Pleas, Case No. 2006-CP-42-1728 (the “MMA”), Plaintiffs formed the belief that the MMA was an invasion of their legal rights that had damaged them, and that supported Plaintiffs’ bringing claims against Defendants in relation to the MMA. *See* Order 2-3. Plaintiffs’ own documents and testimony show clearly that Plaintiffs formed this actual belief more than three years before Plaintiffs asserted two of those causes of action against Defendants in this suit. *See* Order 2-3. This is because between August 11, 2007, and September 29, 2007, Feldman – whose acts and assertions Boscia has expressly adopted as his own in this case – wrote a series of emails declaring and discussing the legal claims Plaintiffs believed they held against Defendants in relation to the MMA, including the abuse of process and civil conspiracy claims Plaintiffs eventually asserted in this action. *See* Order 2-3. These emails prove that by the dates those emails were written, Plaintiffs had formed and held the actual belief that triggered the running of the limitations period as to their claims arising from the MMA. *See* Order 3-5. Because Plaintiffs failed to file this action within three years of forming this actual belief, their abuse of process claim against Defendants is time-barred. *See* Order 5.

The Order also holds that equitable tolling does not apply to prevent the running of the statute of limitations on Plaintiffs’ abuse of process claim. *See* Order 5-7.

Discussion

Plaintiffs’ Motion, and the Reply Brief Plaintiffs filed in support of it, advance no legitimate grounds for the Order to be amended under Rule 52 or 59 of the South Carolina Rules of Civil Procedure.

I. Rule 52 Does Not Require The Order To Include Any Specific Findings Of Fact Or Conclusions Of Law.

Rule 52 defeats Plaintiffs’ claim that the Court’s Order is “factually and legally deficient,” because it does not identify a particular “willful act” that Defendants allegedly committed in relation to the MMA, or state when that act occurred. (*See* Pls.’ Br. 1, 2.) Rule 52(a) specifically

provides that “[f]indings of fact and conclusions of law are unnecessary on decisions of motions under Rules 12 or 56[.]” Rule 52(a), SCRCP. “[S]uch findings and conclusions are not required for appellate review.” *Woodson v. DLI Properties, LLC*, 406 S.C. 517, 526–27, 753 S.E.2d 428, 433 (2014).

In this case, the Court chose to include in its Order certain Findings of Fact and Conclusions of Law supporting its conclusion that Plaintiffs’ abuse of process claim against Defendants is time-barred. *See* Order 2-7. However, Rule 52(a) clearly provides that the Order granting summary judgment in Defendants’ favor did not need to include any findings of facts or conclusions of law. Plaintiffs’ argument that the Order is “deficient” because it does not include a particular finding of fact that Plaintiffs believe it should include is hereby rejected.

II. Plaintiffs’ Motion Does Not Advance Any Argument Supporting Amendment Or Alteration Of The Order Under 59(e).

Plaintiffs’ Motion also fails to advance any grounds appropriate for seeking an amendment or alteration of the Order under Rule 59(e).

Rule 59(e), SCRCP, provides:

A motion to alter or amend the judgment shall be served not later than 10 days after receipt of written notice of the entry of the order.

“The purpose of Rule 59(e), SCRCP, to alter or amend the judgment, is to request the trial judge to reconsider matters properly encompassed in a decision on the merits.” *Coward Hund Const. Co., Inc. v. Ball Corp.*, 336 S.C. 1, 3, 518 S.E.2d 56, 58 (Ct. App. 1999) (internal quotations and citations omitted). A Rule 59(e) motion is also the proper vehicle for correcting factual errors in an order. *Doe v. Doe*, 324 S.C. 492, 502, 478 S.E.2d 854, 859 (Ct. App. 1996).

No reported South Carolina case decision specifically addresses when a Rule 59 motion to alter a judgment may be granted, but the Fourth Circuit Court of Appeals has done so with respect to Rule 59’s federal counterpart, FRCP 59(e). Federal court decisions instruct that a court may alter or amend its prior judgment under FRCP 59(e): (1) to accommodate an intervening change in

controlling law; (2) to account for new evidence not available previously; or (3) to correct a clear error of law or prevent manifest injustice. *Zinkland v. Brown*, 478 F.3d 634, 637 (4th Cir. 2007); *Bogart v. Chapell*, 396 F.3d 548, 555 (4th Cir. 2005). A party cannot use Rule 59(e) to “‘rehash’ the same arguments and facts previously presented” or to raise new arguments. *Rouse v. Nielsen*, 851 F. Supp. 717, 734 (D.S.C. 1994). Likewise, a Rule 59(e) motion may not be used to raise arguments which could have been raised before the judgment was issued, or “to enable a party to complete presenting his case after the court has ruled against him.” *Pacific Insurance Co. v. American National Fire Ins. Co.*, 148 F.3d 396, 403 (4th Cir. 1998).

Plaintiffs have not met the standard under Rule 59 for having this Court alter or amend its Order. Each of the positions Plaintiffs’ Motion and Reply Brief have advanced are arguments that Plaintiffs raised in opposition to Defendants’ summary judgment motion. Plaintiffs also have not argued and cannot prove that any changes in the applicable law have occurred, nor have the facts of this case changed. Further, as discussed below, this Court did not misapprehend those facts in holding that Plaintiffs’ claim is time-barred.

A. The August 11, 2007, Email Fully Supports The Order’s Finding That Plaintiffs’ Abuse of Process Claim Is Time-Barred.

Plaintiffs’ primary argument that the Motion re-asserts is that Feldman’s August 11, 2007, email (the “August 11 Email”) cannot support a decision that Plaintiffs’ abuse of process claim is time-barred. This argument asserts no legitimate grounds for altering this Court’s Order under Rule 59, because it previously was presented by Plaintiffs during the summary judgment hearing, was considered fully by this Court, and was rejected. In addition, as discussed below, the Court made no factual error in finding that the August 11 Email supports its holding that the statute of limitations started running on Plaintiffs’ abuse of process claim more than three years before Plaintiffs filed this suit.

South Carolina law is clear: the focus of a Court deciding when the statute of limitations

begins running on a plaintiff's claim is the date the plaintiff discovers an injury. *Wiggins v. Edwards*, 314 S.C. 126, 128, 442 S.E.2d 169, 170 (1994). It is not the date the plaintiff discovers the identity of the wrongdoer. *Id.* It is not the date that the plaintiff hires or consults a lawyer. *Gibson v. Bank of America, N.A.*, 383 S.C. 399, 406, 680 S.E.2d 778, 782 (Ct. App. 2009). It is not the date that the plaintiff knew he had a particular claim. *Young v. S.C. Dep't of Corrections*, 333 S.C. 714, 719, 511 S.E.2d 413, 416 (Ct. App. 1999). It also is not the date that the plaintiff develops a full-blown theory of recovery, or obtains actual knowledge of either the potential claim or the facts giving rise thereto. *Gibson*, 383 S.C. at 406, 680 S.E.2d at 782. Instead, "[t]he important date under the discovery rule is the date that a plaintiff discovers the injury If, on the date of injury, a plaintiff knows or should know that she had some claim against someone else, the statute of limitations begins to run for all claims based on that injury." *Wiggins*, 314 S.C. at 128, 442 S.E.2d at 170.

Plaintiffs' abuse of process claim against Defendants is time-barred, because the August 11 Email and Feldman's other August and September 2007 messages show that when those emails were written, Plaintiffs held the actual belief that their legal rights had been infringed by the MMA, and that they possessed claims against Defendants for their resulting damages. The August 11 Email plainly states:

1. We have at least Casey plus his Lawyer [Thompson] and Possibly Fogarty plus Chuck Thompson's Wife
2. As for Abuse of Process that is already fact (He had no right to speak to Press about trial matter..Violation of Civil Procedure.

(Mann 1168.) Feldman followed this August 11 Email with other messages exploring the claim elements of the abuse of process cause of action he believed Plaintiffs could assert against Defendants, and even the statute of limitations applicable to the claims he believed Plaintiffs held against Defendants. (Mann 1167, 1183, 22478, 22484.) These documents plainly show that when Feldman authored these emails, Plaintiffs actually held the beliefs that are operative to this Court's

finding that the statute of limitations on Plaintiffs' abuse of process claim had started running at least by the date of those messages: Plaintiffs believed that the MMA was an unfounded lawsuit interposed against them by Defendants with the intent to injure them; Plaintiffs believed they had been injured by the filing of the MMA; and Plaintiffs believed they had legal claims against Defendants as a result thereof.

Significantly, these actual beliefs of Plaintiffs that are stated and reflected in Feldman's August and September 2007 emails are entirely consistent with Plaintiffs' deposition testimony and other evidence in the case record, including, *inter alia*:

- When Plaintiffs were served with the MMA in May 2006, they did not believe even for "a second" that the lawsuit was a legitimate malpractice action, or that Casey was actually seeking legal redress for an injury that had been caused by Plaintiffs. (Feld. Dep. 296.)
- In May or early June 2006, when Plaintiffs first met with their counsel in the MMA after that lawsuit was filed, Feldman expressed his belief that the MMA was unfounded and meritless. (See King Dep. 70.)
- By July 2006, Plaintiffs had received a copy of the written note Fogarty made of his July 21, 2005, office visit with Casey (the "July 21, 2005 Note") in the documents Thompson produced in the MMA, and saw that the air embolism and brain damage theory stated in that record was the basis of the claims that were asserted against them in the MMA. (Feld. Dep. 8-9, 104, 191-192, 201-202, 296; Boscia Dep. 90, 98-99; King Dep. 74.) This solidified Plaintiffs' existing belief that the MMA lacked any merit, and caused them to believe that Fogarty had prepared the July 21, 2005 Note in order to have the MMA filed against Plaintiffs, with the goal of damaging their reputations. (Feld. Dep. 199-203; Boscia Dep. 99, 124.)
- Beginning early in the MMA and persisting throughout that case, Feldman advised Plaintiffs' MMA counsel that he believed Plaintiffs held counterclaims against Defendants for filing the MMA against them, and that he wanted to sue Defendants. (King Dep. 80-82.)
- As early as June 2007, Feldman had started performing research on tort claims he believed Plaintiffs might be able to assert against Defendants in relation to the MMA, including invasion of privacy. (Mann 84.)
- On August 11, 2007, Feldman sent Boscia the August 11 Email, which contained legal research Feldman had performed on the causes of action he believed Plaintiffs possessed against Defendants, and stated that Plaintiffs actually had causes of action against Defendants for abuse of process and conspiracy. (Mann 1168.)

- Feldman followed up his August 11 Email with additional emails on August 17 and September 27, 2007, containing additional legal research Feldman had performed regarding the abuse of process claim he believed Plaintiffs possessed against Defendants in relation to the MMA, and the statute of limitations applicable to Plaintiffs' claims. (Mann 1167, 1183, 22478, 22484.)
- On September 4, 2007, Plaintiffs' insurance counsel for the MMA, Spencer King, reported to Plaintiffs' insurer that, *inter alia*, Feldman and Fogarty were "bitter rivals" and that "Dr. Feldman, in this case, believes Dr. Fogarty is supporting Casey in this litigation." (JUA Docs. 389-391.)
- Similarly, on October 10, 2007, King reported:

Just for your information, I am copying you on some, but not all of the e-mails that Dr. Feldman has sent to me attempting to direct this litigation, most of which deal with ancillary issues, minutia such as the article in the Herald-Journal, all suits against competitors, etc., etc. I have directed him to seek legal advice of others (he has his own attorney) if he feels he has redress. My sole job is to defend this lawsuit. That does not include filing suit against anyone.

(King Docs. 1571.)

These documents and related case evidence are consistent with this Court's finding that the August 11 Email states Feldman's actual belief that Plaintiffs held claims against Defendants relating to the MMA, and contradict Plaintiffs' current argument to the contrary. Further, because the case record shows conclusively that when Feldman wrote the August 11 Email and his other August and September 2007 emails, Plaintiffs *actually had determined and believed* that their legal rights had been infringed by the MMA and that they held resultant claims against Defendants, this Court did not need to determine whether or when Plaintiffs *should have* discovered that the MMA allegedly infringed on their legal rights and damaged them. Likewise, because Plaintiffs held these actual beliefs in August and September 2007, the statute of limitations had started running on the claims Plaintiffs later asserted against Defendants in this lawsuit – regardless of whether Feldman had yet to determine conclusively what facts or damages Plaintiffs could allege in support of those claims.

For these reasons, the Court's Order properly granted summary judgment in Defendants'

favor, and Plaintiffs' argument regarding the August 11 Email does not warrant any alteration or amendment of that Order.

B. Plaintiffs' Abuse Of Process Claim Is Based On Events Occurring Prior To 2008.

Also deficient under Rule 59 is Plaintiffs' argument that the statute of limitations on their abuse of process claim could not have started running until 2008, because the acts that form the basis of their claim did not occur until 2008. In addition to re-arguing a position Plaintiffs previously presented in opposition to Defendants' summary judgment motion, Plaintiffs have not proved that the law applicable to this matter has changed, or that this Court made any factual errors in the Order. Instead, as shown below, the Court properly construed the case evidence in issuing its Order, because the record shows conclusively that Plaintiffs' abuse of process claim is based on alleged acts that Plaintiffs contend Defendants committed prior to and at the time the MMA was filed in May 2006, and that rendered the entire MMA an abuse of process. Plaintiffs' current argument stands directly contrary to the fact that Plaintiffs' abuse of process claim is based primarily on Fogarty's July 21, 2005 Note, and on Plaintiffs' belief that Fogarty fraudulently created that record for the purpose of causing the MMA to be filed against Plaintiffs, and damaging them. It is clear that Plaintiffs' abuse of process claim had accrued and that the statute of limitations for that claim had started to run no later August and September 2007, when Feldman wrote his emails stating Plaintiffs' actual belief that they held such a claim against Defendants.

In their attempt to avoid dismissal of their claim, Plaintiffs argue that this Court must find that Plaintiffs' cause of action arose in 2008 – a date less than three years before Plaintiffs filed this action in October 2010. Plaintiffs argue that 2008 is the earliest year in which their claim could have accrued and the statute of limitations on that claim could have started running, because Plaintiffs' Second Amended Complaint (SAC) alleges that it was during 2008 that:

- Plaintiffs discovered that Dr. Grace's notes stated that Fogarty had seen Casey at his research facility before the date of the July 21, 2005 Note;

- Fogarty testified during his deposition that his first office visit with Casey did not occur until July 21, 2005, when Fogarty wrote his July 21, 2005 Note;
- The records Fogarty produced at his deposition did not contain all of the records Plaintiffs believe Fogarty generated as to Casey; and
- Casey had an MRI under an assumed name that was arranged by Thompson.

(Pls.' Br. 4-6.) Plaintiffs also point to the Feldman Affidavit that Plaintiffs submitted on the eve of the Court's June 16, 2017, hearing on Defendants' summary judgment motion, in which Feldman declared, *inter alia*:

Plaintiffs' lawsuit is based upon the information received during the depositions of of [sic] Dr. Grace, Dr. Waid, Dr. Fogarty, and the fraudulent MRI, which all occurred in year [sic] 2008.

Feldman Aff. ¶ 22.

As discussed below, Plaintiffs' argument fails on procedural, legal, and factual grounds to assert any legitimate basis for the alteration or amendment of this Court's Order.

1. Plaintiffs' argument fails procedurally.

Plaintiffs' argument that this Court must base its summary judgment decision on the allegations of the SAC is incorrect procedurally, because in deciding Defendants' Rule 56 motion, the Court is not confined to Plaintiffs' pleadings, and instead must consider the record evidence – which in this case includes Plaintiffs' depositions and the parties' and third parties' document productions. *See* Rule 56, SCRCP. In addition, Plaintiffs' argument regarding the SAC ignores other paragraphs of that pleading which clearly state that Plaintiffs' claims are based on alleged acts Plaintiffs believe Defendants committed prior to the MMA's filing, including Fogarty's alleged act of fraudulently creating his July 21, 2005 Note for the purpose of instituting the MMA against Plaintiffs in 2006, in an effort to damage Plaintiffs. *See* SAC ¶¶ 26-28, 35-38, 76, 108.

2. Plaintiffs' argument fails legally.

Plaintiffs' argument that their abuse of process claim did not accrue for statute of limitations purposes until 2008 also fails legally. This is because in making that argument, Plaintiffs incorrectly state that the improper act element of an abuse of process claim cannot pre-date the issuance of the process that was allegedly abused. As discussed below, this position directly contravenes South Carolina law.

In support of their Motion, Plaintiffs assert that the filing of a lawsuit "legally fail[s]" to satisfy the willful act element of an abuse of process claim. (Pls.' Br. 2, 3.) Plaintiffs cite *Food Lion, Inc. v. United Food & Commercial Workers Int'l Union*, 351 S.C. 65, 567 S.E.2d 251 (Ct. App. 2002), claiming that it holds that "the mere filing of a lawsuit does not give rise to a cause of action for an abuse of process claim," and that willful acts may occur only in the conduct of the proceeding at issue. (Pls.' Br. 2.) With this mis-statement of law, Plaintiffs seek to turn this Court's attention away – at least for statute of limitations purposes – from the alleged wrongful acts Plaintiffs have consistently contended that Defendants committed when Fogarty wrote his July 21, 2005 Note and the MMA was filed. Plaintiffs seek instead to focus the Court solely on alleged acts Plaintiffs claim occurred or were discovered in 2008, a date that falls within the limitations period.

South Carolina law refutes Plaintiffs' argument. "The tort of abuse of process consists of two elements: an ulterior purpose, and a willful act in the use of the process that is not proper in the regular conduct of the proceeding." *McBride v. School Dist. of Greenville County*, 389 S.C. 546, 698 S.E.2d 845 (Ct. App. 2010). Contrary to Plaintiffs' position, allegedly wrongful acts occurring before a lawsuit is filed can meet the willful act requirement of an abuse of process claim. In *Food Lion*, the Court of Appeals explained that "the willful act requirement is not limited to those abusive acts occurring after process has issued, but includes coercive or extortionate acts that cause process to issue in the first instance." *Id.* at 71, 567 S.E.2d at 254, n. 3 (emphasis added). The *Food Lion* Court then expressly held that "an abuse of process action may lie if a party prosecutes an 'entire

lawsuit' for collateral purposes." *Id.* 351 S.C. at 73, 567 S.E.2d at 255.

Likewise, in *Huggins v. Winn-Dixie Greenville, Inc.*, 249 S.C. 206, 212, 153 S.E.2d 693, 696 (1967), the South Carolina Supreme Court recognized that an entire lawsuit can constitute an abuse of process, when that lawsuit results from and is "tainted throughout" by improper acts that cause the process to issue in the first place. The court rejected the defendant's argument that its store manager's actions in detaining a shopper and demanding that the shopper pay for items the manager thought he had stolen on a prior occasion could not support an abuse of process claim, because those acts occurred before the manager called the police and had the shopper arrested. *Id.* The *Huggins* Court explained:

Appellant contends that since respondent's arrest in the store and his subsequent arrest on the warrant for shoplifting took place after the actions of its store manager, those actions did not constitute abuse of process because 'process' was not then in existence. The argument is unsound in our opinion. *Appellant cannot divorce itself from responsibility for the proceedings that resulted from the store manager's actions . . . all of which [proceedings]. . . were tainted throughout with the ulterior and improper purpose of coercing the respondent to pay for merchandise that the store manager 'felt' or suspected he had previously taken.*

Id.

The holdings of *Food Lion* and *Huggins* are clear. Alleged improper acts preceding the issuance of process can form the basis of an abuse of process claim, and can render the entirety of the lawsuit an abuse of process. In addition, the filing of a lawsuit itself can support an abuse of process claim, if a party prosecutes the entire action for collateral purposes. The record evidence in this case, as discussed herein, shows clearly that Plaintiffs' abuse of process claim against Defendants was based on alleged acts Plaintiffs claim occurred prior to and at the time of the MMA's filing in May 2006, and not just on acts allegedly occurring during or after 2008. This evidence also shows Plaintiffs' belief that the entirety of the MMA was improper, such that the filing of the MMA itself constituted an abuse of process. The Court properly considered that evidence in deciding that Plaintiffs' abuse of process claim accrued, and that the statute of

limitations on that claim expired, more than three years before Plaintiffs filed this action.

3. Plaintiffs' argument fails factually.

Plaintiffs' argument that their abuse of process claim cannot be time-barred because it is based on alleged acts that occurred in 2008 also fails factually. This is because the case record clearly establishes that Plaintiffs' abuse of process claim is based primarily on Fogarty's July 21, 2005 Note, and on Plaintiffs' belief that Fogarty fraudulently created that record for the purpose of instituting the MMA against Plaintiffs and damaging them. In fact, Plaintiffs believe the legal process was abused by the filing of the MMA, which they insist was instituted for the exclusive and improper purpose of embroiling them in litigation. Notably, neither Plaintiffs' Motion nor the Feldman Affidavit disclaims Plaintiffs' longstanding and articulated belief that Defendants abused the process of the MMA by filing that action on the July 21, 2005 Note as part of an alleged scheme to injure them. Likewise, Plaintiffs have not disavowed Feldman's deposition testimony in this case, which repeatedly and consistently identified Fogarty's July 21, 2005 Note and Defendants' filing of the MMA as the reason Plaintiffs have sued Defendants for abuse of process. Those facts thus remain part of the case record that this Court properly and fully considered in granting Defendants' Motion for Summary Judgment.

Nevertheless, Plaintiffs' Motion and the Feldman Affidavit attempt to direct this Court's attention away from the alleged acts Plaintiffs believe Defendants committed in 2005 and 2006 that form the primary basis of Plaintiffs' cause of action, and toward alleged misconduct Plaintiffs claim Defendants committed during the MMA in 2008. Plaintiffs, however, cannot selectively limit the facts this Court must consider in deciding Defendants' summary judgment motion, or in determining whether the Order contains some alleged factual error. This Court properly considered the entire case record in issuing its Order, and relied on the overwhelming evidence contained therein in concluding that the statute of limitations on Plaintiffs' abuse of process action claim expired more than three years before Plaintiffs filed this suit.

The Court's Order is entirely consistent with the evidence in this case, including the deposition testimony of Feldman, which shows conclusively that Plaintiffs' claim is based on alleged acts of Defendants that Plaintiffs believe occurred prior to and/or at the time the MMA was filed – and that it is not, as Plaintiffs currently argue, based exclusively on alleged misconduct Plaintiffs claim Defendants committed in 2008, during the pendency of the MMA. Multiple times during his deposition, Feldman testified that the reason Plaintiffs have sued Defendants is that Fogarty wrote the July 21, 2005 Note, and that Defendants then used that record to file the MMA against Plaintiffs in order to damage them. For one of many examples, Feldman testified:

A. We are suing Dr. Fogarty not for seeing Mr. Casey. We are suing Dr. Fogarty for fabricating the scheme. That's why we're suing him. Somehow you tried to say it's about medicine. It isn't. It has nothing to do with medicine.

Q. It's about what Dr. Fogarty wrote down. You're suing him because he wrote down something that was false, in your opinion, and used it as the basis of a lawsuit.

A. I don't know why, Ellen, you decided to put words in my mouth. For the past two hours I'm trying to explain to you that he did not write the note for the patient. He wrote the note for the lawyer. It is not a medical record. It's a legal record to file the lawsuit. That's what he's getting sued for. He got caught. Okay? He got caught in writing record, not for the medical purpose, but for legal purpose. A legal purpose was to hang his colleagues, to embroil them in multi-year litigation and to destroy their careers. That's what he's getting sued for.

Q. And you had told me earlier that in order to do that, in order to have a record to be used for a lawsuit, he had to put the word undoubtedly in there?

A. Yes.

Q. So, at its core, what Dr. Fogarty did wrong was he wrote that Mr. Casey undoubtedly had air embolism?

A. What do you mean wrong? He changed his note to become a linchpin of his lawsuit, Fogarty lawsuit. That lawsuit was Fogarty lawsuit. He needed a linchpin. He changed it. He changed it way after it was written.

Feldman Dep. p. 76, line 21 – p. 77, line 24. Feldman testified consistently with these statements on multiple occasions throughout his deposition. *See, e.g.*, Feldman Dep. p. 48, line 9 – p. 49, line

12; Feldman Dep. 71, line 17 - p. 72, line 13; Feldman Dep. p. 85, lines 13-20; Feldman Dep. p. 153, lines 3-21. Boscia has adopted Feldman's positions as his own in this case, and Plaintiffs have not asserted that Feldman's testimony was in any way false or inaccurate; so Plaintiffs lack factual support for their present claim that Plaintiffs have sued Defendants only for acts they allegedly committed during 2008.

In addition to Feldman's own deposition testimony, the record evidence supporting this Court's Order includes correspondence from Plaintiffs' MMA counsel, which further confirms that more than three years before Plaintiffs filed this lawsuit, they believed their legal rights had been infringed by Defendants as to the MMA, and they wanted to sue Defendants. King's September 4, 2007, report to Plaintiffs' insurer in the MMA clearly stated Feldman's belief that Fogarty was "supporting" Casey in the MMA, and King's October 10, 2007, report directly advised that Feldman desired to sue his "competitors" to seek redress he believed Plaintiffs were owed as a result of the MMA. (JUA Docs. 389-391.)

This evidence, and the case record as a whole, soundly refutes Plaintiffs' argument that their abuse of process claim is based only on acts that occurred in or after 2008, and that the Court therefore made a factual error in finding that Plaintiffs did not assert that cause of action within the three-year limitations period. The Court therefore rejects Plaintiffs' argument under Rule 59.

C. The Evidence Shows That Plaintiffs Were Aware Of The Alleged Acts Forming The Basis Of Their Abuse of Process Claim Prior To 2008.

This same record evidence defeats Plaintiffs' next argument in support of their Motion, which is that even if the alleged acts that form the basis of Plaintiffs' abuse of process claim did occur before 2008, Plaintiffs did not learn about those acts prior to that date, so the statute of limitations could not have started running before 2008. As stated in Plaintiffs' Reply Brief, "Plaintiffs did not know they had a cause of action for abuse of process until 2008." (Reply Br. 5.) This argument appears to be the same equitable tolling argument that Plaintiffs presented to the

Court during the summary judgment hearing, and that this Court rejected. Plaintiffs' disagreement with how this Court applied the law to their case does not support Plaintiffs' request for altering or amending the Order under Rule 59.

Further, Plaintiffs have not demonstrated and cannot show that this Court somehow misapprehended the law or facts relevant to this issue in rendering its Order. This is because the record evidence, and Plaintiffs' stipulations regarding it, show conclusively that Plaintiffs were aware no later than July 2006 of the operative, alleged facts that Plaintiffs themselves have testified form the basis of their abuse of process claim against Defendants, and on which they sued Defendants. This is because by July 2006, Plaintiffs had assessed the MMA as being meritless and interposed to harm them; they had received a copy of Fogarty's July 21, 2005 Note and recognized it as the basis of the MMA; and they believed they had been damaged by the MMA. (*See* Feld. Dep. 8-9, 104, 191-192, 201-202, 296; Boscia Dep. 90, 98-99; King Dep. 70, 74.) All of these facts were known to Plaintiffs when Feldman prepared his emails of August and September 2007, which documents state and reflect Plaintiffs' actual belief that they possessed causes of action against Defendants arising from the MMA. As the Supreme Court instructed in *Wiggins v. Edwards*, 314 S.C. 126, 128, 442 S.E.2d 169, 170 (1994), because Plaintiffs knew that they "had some claim against someone else, the statute of limitations [began] to run for all claims based on that injury."

For these reasons, the Court rejects Plaintiffs' argument and declines to alter or amend its Order.

D. The Order Need Not Identify A Particular Willful Act That Constitutes One Of The Elements Of Plaintiffs' Abuse of Process Claim.

Plaintiffs also are incorrect in arguing that the Court's Order should be altered or amended because the Court of Appeals instructed it to identify a particular bad or willful act that makes up one of the two required claim elements of Plaintiffs' abuse of process claim.

As an initial matter, and discussed above, Rule 52 does not require this Court to make any

specific findings in issuing a ruling on a Rule 56 motion. The fact that this Court chose to include in its Order some of the facts supporting its finding that the statute of limitations on Plaintiffs' claims started running no later than the dates Feldman wrote his August and September 2007 emails – approximately three years and one month before Plaintiffs filed this lawsuit – does not mean that this Court also must answer in its Order any particular fact or claim questions that Plaintiffs may request.

In addition, the Court of Appeals did not, as Plaintiffs argue, direct this Court to identify in any order the particular conduct that satisfied the willful act claim element of Plaintiffs' cause of action for abuse of process. When the Court of Appeals reversed the trial court's ruling on Defendants' motion to dismiss under Rule 12(b)(6), it found that the SAC did "not allege any specific point in time at which [Defendants] committed a willful and improper act in their use of the legal process." *See Feldman v. Casey*, 2014 WL 2969001 at *2 (S.C. Ct. App., June 30, 2014). The Court of Appeals expressly stated that its ruling on Defendants' motion to dismiss – which was based on the face of the SAC – did not prevent Defendants from "mov[ing] again for dismissal of this cause of action once the case [was] remanded to the circuit court." *Id.* n.2. The Court of Appeals did not instruct this Court that a summary judgment order based on the statute of limitations – or any other grounds – would have to specifically identify what "improper act" formed the basis of Plaintiffs' claims. This Court declines to do so, based on the terms of Rule 52.

Further, even if Rule 52 did not specifically exempt the Court from publishing findings of fact or conclusions of law in support of its ruling, no legitimate reason exists in fact or law for this Court to amend its Order to decide whether any particular act that Plaintiffs claim Defendants committed as to the MMA constitutes the "willful act" element of Plaintiffs' abuse of process claim. This is because such a ruling is wholly unnecessary to this Court's determination that, more than three years before Plaintiffs filed this suit, Plaintiffs formed, held, and stated in writing their actual belief that they had actionable claims against Defendants arising from the MMA.

In this case, the only facts determinative of that question are those reflecting when Plaintiffs formed the actual belief that they had legal claims against Defendants arising from the injuries Plaintiffs believed they had suffered in relation to the MMA. And, as discussed fully above, the record shows conclusively that Plaintiffs held and stated in writing those beliefs more than three years before they filed this lawsuit. Plaintiffs have consistently identified the allegedly improper and willful acts that they claim form the basis of their abuse of process claim. As detailed above, Feldman testified repeatedly in his deposition that Plaintiffs' abuse of process claim is based on Fogarty's authoring the July 21, 2005 Note, and Defendants' using that note to cause Plaintiffs to be sued. Plaintiffs cannot legitimately argue that some other alleged acts occurring on some other dates form the exclusive basis for Plaintiffs' abuse of process claim against Defendants.

IV. Plaintiffs' Protest Regarding Feldman's Affidavit Does Not State Grounds For Altering Or Amending This Court's Ruling.

Plaintiffs' Motion, in addition to advancing the arguments discussed above, states that "Feldman takes exception to misrepresentations that his affidavit is a sham and inconsistent with his depositional testimony," and demands that "Feldman's assertions in his affidavit should be believed." (Pls. Br. 7.) This statement and demand do not advance any argument or grounds on which Plaintiffs' Motion could properly be based or granted under Rule 52 or Rule 59. Plaintiffs have not identified any factual error contained in the Order, much less argued that a change in controlling law has occurred, or that new evidence must be considered, or that a clear error of law has been committed. For this additional reason, the Court denies Plaintiffs' Motion.

Conclusion

The Order fully ruled on the statute of limitations issue raised by Defendants' Motion for Summary Judgment, and properly dismissed Plaintiffs' abuse of process claim on statute of limitations grounds. Plaintiffs' Motion has not advanced any arguments or positions justifying this Court's alteration or amendment of its Order under Rule 52 or 59. Plaintiffs' Motion for

Reconsideration is therefore denied.

END OF ORDER

JUDGE'S ELECTRONIC SIGNATURE PAGE TO FOLLOW

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Spartanburg Common Pleas

Case Caption: Gregory J Feldman Md , plaintiff, et al VS William Mark Casey ,
defendant, et al
Case Number: 2010CP4205743
Type: Order/Other

It is so Ordered.

s/ R. Keith Kelly - 2165

Electronically signed on 2017-11-13 15:39:51 page 19 of 19

STATE OF SOUTH CAROLINA)
COUNTY OF SPARTANBURG)

IN THE COURT OF COMMON PLEAS

Gregory J. Feldman, MD, Joseph A. Boscia, III, MD, and Upstate Lung and Critical Care Specialists PC,)

Plaintiffs,)

vs.)

Ray E. "Chuck" Thompson)
and Charles M. Fogarty, MD,)

Defendants.)

PLAINTIFFS' MOTION FOR RECONSIDERATION

C.A: NO.: 2010-CP-42-5743

RECEIVED
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SC Court of Appeals

TO: THE HONORABLE R. KEITH KELLY, MATTHEW H. HENRICKSON, ATTORNEY FOR DEFENDANT RAY E. "CHUCK" THOMPSON AND ELLEN CHEEK, ATTORNEY FOR DEFENDANT CHARLES M. FOGARTY, M.D.:

YOU WILL PLEASE TAKE NOTICE, pursuant to Rule 59(e), Plaintiffs Gregory J. Feldman, M.D., Joseph A. Boscia, III, M.D., and Upstate Lung & Critical Care Specialists, PC (collectively, "Plaintiffs") hereby submit this motion for reconsideration of the Court's Order Granting Defendants' Motion for Summary Judgment dated and entered July 20, 2017 (the "Order") as it relates to Plaintiffs' claims being time-barred and respectfully raises these issues:

That the Court's Order is factually and legally deficient in not identifying a willful act that should have been discovered by the Plaintiffs outside of the statute of limitations window; and

That Defendants' assertion respecting Dr. Feldman's affidavit being a sham is materially false.

This motion for reconsideration shall be based upon Plaintiffs' Memorandum in Opposition to Defendants' Motion for Summary Judgment, the Summary Judgment Hearing Transcript, federal case law, statutory case law in the State of South Carolina including, but not limited to, South Carolina Rules of Civil Procedure 52(b) and 59(e) and shall be made upon such grounds as it

may appear at the hearing on such motion and any supporting memorandum.

WILLFUL ACTS

The elements of abuse of process are an ulterior purpose and a willful act in the use of the process not proper in the conduct of the proceeding. Huggins v. Winn-Dixie Greenville, Inc., 249 S.C. 206, 153 S.E.2d 693 (1967) (emphasis added). The mere filing of a lawsuit does not give rise to a cause of action for an abuse of process claim. "Hence, to sustain a claim for the tort, a party must allege facts sufficient to show not only that the lawsuit was brought for an ulterior purpose, i.e. for collateral reasons, but that willful acts were taken through which the process was misapplied or abused." Food Lion, Inc. v. United Food & Commercial Workers Inter. Union, 567 S.E.2d 251, 351 S.A. 65 (S.C.App. 2002) (emphasis added). An aggrieved party must be aware of facts sufficient to allege not only the inception of a lawsuit but an ulterior purpose and a willful act in the use of the process not proper in the conduct of the proceeding. Food Lion, Inc. v. United Food & Commercial Workers Inter. Union, 567 S.E.2d 251, 351 S.C. 65 (S.C.App. 2002) (emphasis added). "Furthermore, although an ulterior purpose may be inferred from an improper willful act, 'the inference is not reversible and it is not possible to infer [improper] acts from the existence of an improper motive alone.'" (footnotes omitted) (emphasis added) Id. The Court's Order does not specify a particular date as to when the statute of limitation was triggered or what willful act did so.

At the Summary Judgment hearing, Defendants' based their assertion on one (1) email from Plaintiff Feldman to Plaintiff Boscia, dated August 11, 2007, regarding a newspaper article and based upon said newspaper article publication, stated an abuse of process had occurred. Subsequent to the newspaper article being published and the referenced email being sent,

Defendant Casey was deposed on August 29, 2007, and, under oath, unequivocally denied speaking with anyone from the Herald Journal. (William Mark Casey Deposition Excerpt, August 29, 2007, p. 132-133, THOMPSON 065434, 065565-065566) Additionally, Defendant Fogarty testified in his December 22, 2008, deposition that he had not spoken with or provided any written statements to anyone with the Herald-Journal respecting the newspaper article. (Spartanburg Herald-Journal, May 31, 2006 newspaper article; Charles M. Fogarty, M.D. Deposition Excerpt, December 22, 2008, p.p. 219-220, THOMPSON 017687, 017906-017907.) Further, Defendant Thompson had an unfettered right to speak with and disseminate information to the reporter consistent with the complaint subject to South Carolina Rules of Professional Responsibility, Rule 3.6, Trial Publicity. Therefore, it is uncontroverted that the newspaper article is not a willful act and cannot serve as a basis for the Court's granting of Defendants' Motion for Summary Judgment. Finally, Dr. Feldman's affidavit is clear evidence, pursuant to South Carolina Rules of Civil Procedure, Rule 11 pleading requirements, that he investigated his mere suspicion and rejected the newspaper article as a willful act. (Affidavit of Gregory J. Feldman, filed June 16, 2017)

Defendants asserted willful acts surrounding the newspaper article and email, along with assertions regarding the filing of the lawsuit, Plaintiff Feldman's assertions of baselessness, suspicions, and perceived animosity legally fail as willful acts. Thus, Plaintiffs' actual allegations must be considered as pled in their Second Amended Complaint to find willful acts within this case. It was revealed during the deposition of Joseph Grace, PhD, on April 2, 2008, that Defendant Fogarty had been seeing Defendant Casey since 2004; that Fogarty had begun treating and testing Defendant Casey in 2004; and, that Defendant Fogarty had been seeing

Defendant Casey at his research facility. (Joseph Glover Grace, III Deposition Excerpt, April 2, 2008, THOMPSON 062140; Grace Notes attached as exhibits to Grace Deposition THOMPSON 062451-53.)

As stated within the Plaintiffs' Second Amended Complaint, Defendant Fogarty actively sought to prevent discovery efforts respecting the level of and purpose of his involvement in the litigation and was successful until his deposition on December 22, 2008. (King letter to Thompson and Turner, November 19, 2008, GUNN 001685-001686; Joseph Glover Grace, III Deposition Excerpt, April 2, 2008, THOMPSON 062140; Grace Notes attached as exhibits to Grace Deposition THOMPSON 062451-53) Unjustly, Defendant Fogarty and Defendant Thompson concealed their relationship to the extent of Defendant Fogarty lying under oath during his deposition in a continuing effort to hide his role and level of involvement in the medical malpractice action, with Defendant Thompson suborning his perjury. (Charles M. Fogarty Deposition Excerpt, December 22, 2008, pp. 25-26, THOMPSON 017687, 177111-177112; Thompson letter to Parham Smith & Dodson, LLC, January 7, 2005, THOMPSON 000556-57; Grace Notes attached as exhibits to Grace Deposition THOMPSON 062451-53)

A willful act and concealment of the act was discovered during Defendant Fogarty's deposition on December 22, 2008, when he lied under oath as to the inception date of his involvement with Defendant Casey, which was learned during the Grace deposition. (Charles M. Fogarty Deposition Excerpt, December 22, 2008, pp. 25-26, 67, 80-82, 85-87, 116-117, 219-220, THOMPSON 017687, 017711-017712, 017754, 017767-017769, 017772-017774, 017803—017804, 017906-017907; Joseph Glover Grace, III Deposition Excerpt, April 2, 2008, pp. 55-56,

Notes, THOMPSON 062140, 062194-062195, 062451-062453) Defendant Thompson was in attendance and made no effort to correct Defendant Fogarty's statements.

A willful act of concealment was performed by Fogarty and Thompson at the time of Fogarty's deposition on December 22, 2008. In preparation for that deposition, defense attorney Spencer King (who was then defending Feldman in the Casey litigation) issued a subpoena to Fogarty to produce his entire record on Casey. (King Deposition, March 28, 2017, p. 15, Lines 15 – 24, p. 18, lines 20-22). The subpoena, identified as Exhibit 93 in King's deposition, required Fogarty to produce at his deposition (in the Casey litigation) all records of treatment generated by Fogarty for Casey and "any reports that he has rendered" as well as "any memorandums that you generated, any communication, whatever that you received from any third party." Fogarty did not do so as evidenced by Mr. King's Deposition (King Deposition, March 28, 2017, p. 32, line 18 through p. 33, line 9; King Deposition, March 28, 2017, p. 15, Lines 15 – 24, p. 18, lines 20-22; King Deposition, March 28, 2017, pp. 28-31, 34, 48-51)

It was not until Drs. Grace and Fogarty's depositions that Plaintiffs understood the lengths Defendants went to in order to fraudulently conceal their willful acts and to prevent Plaintiffs from knowing there was a potential cause of action. Knowing what Defendants did to hide evidence of their willful acts, Plaintiffs argue it is unsupportable for Defendants to put forth an argument which, is in essence, that they were so open and obvious with their hidden conduct, despite working together surreptitiously, intentionally preventing Plaintiffs from discovering their willful acts, that Plaintiffs were placed on notice that a cause of action existed. (Plaintiffs' Feldman, Upstate Lung and Critical Care Services, P.C. and Boscia Affidavits, filed June 16, 2017)

On February 4, 2007, Defendant Thompson and Defendant Casey engaged in secret medical testing, an MRI, which they knew, if negative, would be disastrous to their medical malpractice claim. The MRI was performed under a fictitious name, date of birth and in another state and only discovered by Plaintiffs on or about August 18, 2008. Approximately seven months after the secret MRI test, Defendant Thompson advised Defendant Casey to lie under oath during his deposition, thereby abandoning Defendant Thompson's ethical obligations to the Court pursuant to Rule 3.3, in an effort to continue their abuse of discovery efforts by the Plaintiffs. (Affidavit of H. Spencer King, January 28, 2009, GUNN 000631-000635) At a pretrial hearing before Circuit Court Judge Roger Couch on April 29, 2010, Thompson admitted his own involvement in setting up the MRI, instructing Casey to use a false name and false date of birth, and withholding the MRI from production. (Affidavit of H. Spencer King, January 28, 2009, GUNN 000631-000635)

Thus, Defendants' assertions that the email referencing the newspaper is a willful act fails and further ignores the actual willful acts of discovery abuse, perjury, and suborning perjury.

MISSTATEMENT OF FACT

"When ruling on a motion for summary judgment, the trial judge must consider all of the documents and evidence within the record, including the pleadings, depositions, answers to interrogatories, admissions on file, and affidavits. *Anthony v. Padmar, Inc.*, 307 S.C. 503, 415 S.E.2d 828 (Ct.App.1992); *Gilmore v. Ivey*, 290 S.C. 53, 348 S.E.2d 180 (Ct.App.1986). However, factual statements of the attorneys, whether made during argument or in written briefs or memoranda, ordinarily may not be considered by the court in determining whether a genuine issue of material fact exists. *Gilmore*, 290 S.C. 53, 348 S.E.2d 180. Moreover, reliance on an unpublished order is improper. *Plante v.*

State, 315 S.C. 562, 446 S.E.2d 437 (1994) (partly discounting a litigant's argument by citing Rule 239(d)(2), SCACR, and holding that the party on appeal could not rely on an unpublished order)." Higgins v. Medical University of South Carolina, 486 S.E. 2d 269, 326 S.C. 592 (S.C. App., 1997).

"In determining whether a genuine issue of material fact exists, a court must consider everything in the record--pleadings, depositions, interrogatories, admissions on file, affidavits, etc. Keiser v. Coliseum Properties, Inc., 614 F.2d 406 (5th Cir.1980). Like its federal counterpart, Rule 44 did not, and new Rule 56 does not, 'distinguish between documents merely filed and those singled out by counsel for special attention--the court must consider both before granting a summary judgment.' *Id.* at 410." Gilmore v. Ivey, 290 S.C. 53, 348 S.E.2d 180 (S.C. App., 1986). "Credibility determinations, the weighing of the evidence, and the drawing of legitimate inferences from the facts are jury functions, not those of a judge, whether he is ruling on a motion for summary judgment or for a directed verdict. **The evidence of the non-movant is to be believed. and all justifiable inferences are to be drawn in his favor.** *Adickes v. S.H. Kress & Co.*, 398 U.S. 144, 90 S.Ct. 1598, 26 L.Ed.2d 142 (1970) at 1608-1609." (emphasis added) Anderson v. Liberty Lobby, Inc., 477 U.S. 242, 106 S.Ct. 2505, 91 L.Ed.2d 202 (1986).

Plaintiff Feldman takes exception to misrepresentations that his affidavit is a sham and inconsistent with his depositional testimony. (MSJ Hearing Transcript, June 20, 2017, Page 9, Lines 13-24) Dr. Feldman testified that during the S. Carolina litigation, he had no information regarding Dr. Fogarty's involvement with the newspaper article and expressly stated that the only involvement of Dr. Fogarty that he knew of at that time was the office visit note (Feldman

Deposition, October 17-18 & 21, 2016, Page 172, Lines 15-16). Plaintiff Feldman further testified:

Q: And your contention is that Dr. Fogarty published this article or had some hand in its publication?

A: Not at all. ...

(Feldman Deposition, October 17-18 & 21, Page 167, Lines 6-8)

Q: And what is the connection between Dr. Fogarty and the newspaper?

A: Direct. We are going to have a jury decide that. ...

(Feldman Deposition, October 17-18 & 21, Page 166, Lines 8-10)

Q: You assessed early in the medical malpractice action that you had possible claims against the people that had brought the lawsuit against you. Correct?

A: Did not. Did not. Did not. Totally did not. The first thing that have occurred in my mind is when they arrange for the fake x-ray. This is the first thing that I start getting really concerned. Okay? After the fake x-ray that was arranged by Thompson at Fogarty's office.

(Feldman Deposition, October 17 -18 & 21, Page 296, Line 24-25 through Page 297, Lines 1-7)

Q: At that time, you also thought that the suit was not justified. Correct?

A: No. No, not at all. I thought the suit was going to be just dropped. I thought that's it. Okay? When I walked out of the deposition, I was expecting the lawsuit to just go away.

(Feldman Deposition, October 17-18 & 21, Page 297, Lines 14-19)

Q: So when was it that you had reason to think the lawsuit was going forward?

A: Well, we had a deposition with Mr. Casey in 2007. I think it was October, September. And he said nobody told him he had brain damage. So I said that's it, the case is over. All right? That was over. Where my concern started crop up was in 2008. In 2008 there was a deposition of Dr. Paladugu taken in 2008. Paladugu, which he was hospitalist. And during that deposition, it was produced a letter where they have a - Thompson and Fogarty have created crazy x-ray. Okay? They sent it. They hook up something to the patient. Wasn't any medical reason. At the lawyer request. I start getting very worried. Whoa, whoa, whoa, whoa, whoa. A lawyer sending a patient for the x-ray to attach something to his body. Not to diagnose pneumonia, not to diagnose any medical condition. In a lawsuit. That was first sign I start getting worried. Okay? I said whoa, whoa, whoa, whoa, whoa. A lawyer sending the patient for the x-ray to the doctor's office, a totally unnecessary x-ray. I start getting worried. But after MRI, it was - it was clear that we got it.

Q: And when was the MRI?

A: I'm talking about MRI of the brain.

Q: When was the MRI of the brain?

A: We discovered MRI of the brain in 2008, sometime in August, September. Anonymous letter was written and actual thing came to – it was 2009 when we got our hands on it, but – but that was it. After we got MRI, we knew what we got.

(Feldman Deposition, October 17-18 & 21, Page 105, Lines 8-25 through Page 106, Lines 1-13)

Q: You are. And I just asked a question.

A: And I just told you that 2006 and 2007, we were waiting for this lawsuit to be thrown out. Okay? Because the founder of the law firm, Mr. Turner, was a great patient of mine who wrote me a letter saying I have nothing to do with this, Greg, don't worry. Okay? In 2008, at Dr. Paladugu's office we have discovered a very, very troubling thing. Yes, we started to worry. Then Mr. Turner has requested research records. What did research record have to do with Mr. Casey? Of course, you're not testifying today. It's a rhetorical question. Nothing. Okay? And my emails to Mr. Mann is basically about, hey, why he requesting S. Carolina record. It's got nothing to do with this. ...

(Feldman Deposition, October 17-18 & 21, Page 160, Lines 10-23)

Q: Okay. You state under Evidence of Misconduct, "Dr. Fogarty is withholding records." And that's something you've talked to me today about, right, among these notes, that you believe that you didn't have all three of these notes?

A: Not at all. This is about prescription drugs. They were not produced in 2007. We started discovering his prescription drugs in 2008. Okay? We had nothing. All of a sudden with have a pharmacy in 2008 with Fogarty writing Lortab almost every other week. ...

(Feldman Deposition, October 17-18 & 21, Page 157, Lines 12-21)

Q: And the publishing of this was damaging to you?

A: That will be for the jury to determine, but yes, my contention it was extraordinarily damaging to me and others.

(Feldman Deposition, October 17-18 & 21, Page 168, Lines 15-18)

Q: And your contention is that Dr. Fogarty published this article or had some hand in its publication?

A: Not at all. My contention he mastermind everything, absolutely everything. This is just small part of it.

(Feldman Deposition, October 17-18 & 21, Page 167, Lines 6-9)

Q: And you also told me that you believe Dr. Fogarty was working on a brain injury theory during 2004, 2005. Correct?

A: Yeah. We have discovered that much, much later. We have discovered that from Grace reports. That was discovered much, much later. I knew about that personally in 2009, but it was discovered in 2008. But I read them, I read them in 2009. That's when the revelation was made that Dr. Fogarty was conducting tests, that Dr. Fogarty was seeing Casey and Carole regularly. Those revelations contained in Dr. Grace production which I read in 2009 in preparation to the trial. The trial was scheduled to be in September of 2009 until Honorable Judge Hayes has postponed it.

(Feldman Deposition, October 17-18 & 21, Page 313, Line 23 through Page 314, Line 11)

Q: Okay. So, there's many bases on which you're filing the case. Is that accurate?

A: Well, absolutely.

Q: Okay. Now, the July 21 visit is a part of it. Correct?

A: Yeah, it's part of the scheme. Yeah, it's part of the scheme, yes.

(Feldman Deposition, October 17-18 & 21, Page 16, Lines 14-20)

Nothing in Dr. Feldman's deposition contradicts the statements attested to in his June 16, 2017 affidavit. Therefore, based upon the aforementioned, as a non-moving party, Dr. Feldman's assertions in his affidavit should be believed and any consideration given to Defendants' unsupported statements, should be disregarded and the Order should be reversed.

CONCLUSION

“(N)o man may take advantage of his own wrong. Deeply rooted in our jurisprudence this principle has been applied in many diverse classes of cases by both law and equity courts and has frequently been employed to bar inequitable reliance on statutes of limitations.” (footnote omitted) Glus v. Brooklyn Eastern District Terminal, 359 U.S. 231, 3 L.Ed.2d 770, 79 S.Ct. 760 (1959). Plaintiffs respectfully request the Court’s Order be reversed and this matter be reinstated.

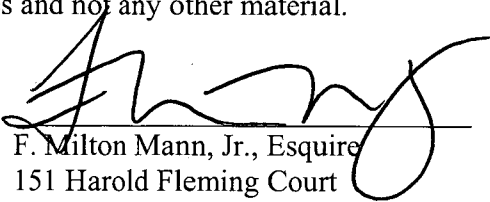
Spartanburg, SC
July 31, 2017

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Certificate of Counsel

The undersigned hereby certifies that the Record on Appeal contains all material proposed to be included by any of the parties and not any other material.

September 28, 2018


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